

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 RB19 2022/30225 RB19 2022

Filing at a Glance

Company: RiverSource Life Insurance Company
Product Name: Long Term Care
State: Pennsylvania
TOI: LTC04I Individual Long Term Care - Nursing Home
Sub-TOI: LTC04I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 04/22/2022
SERFF Tr Num: AERS-133072639
SERFF Status: Assigned
State Tr Num: AERS-133072639
State Status: Received Review in Progress
Co Tr Num: 30225 RB19 2022

Effective: On Approval
Date Requested:
Author(s): Cheryl Meyer, Krista Wall, Kathleen Felton, Elaine Zurovski, Anju Gupta-Lavey, Lori Fischer, Kathryn Morrison, Julia Eide, Adina Bynum
Reviewer(s): Lorraine Badarzynski (primary), Jim Lavery
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

Proposed 43.9% increase (49.6% (two annual increases of 22.3%) on lifetime and 32.5% (two annual increases of 15.1%) on non-lifetime policies) on 2,178 PA policyholders of RiverSource LTC forms 30225-PA, 30225-PA1, and 30225A-PA1.

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
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General Information

Project Name: 30225 RB19 2022	Status of Filing in Domicile:
Project Number: 30225 RB19 2022	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 43.9%	Filing Status Changed: 04/25/2022
	State Status Changed: 04/25/2022
Deemer Date:	Created By: Cheryl Meyer
Submitted By: Adina Bynum	Corresponding Filing Tracking Number:
	State TOI: LTC04I Individual Long Term Care - Nursing Home

Filing Description:

This is a long-term care rate increase filing. Please see the attached cover letter under Supporting Documentation tab.

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Manager - Insurance Product Filing 9550 Ameriprise Financial Center H25/9550 Minneapolis, MN 55474	Cheryl.D.Meyer@ampf.com 612-671-5583 [Phone] 612-678-0034 [FAX]
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Filing Company Information

RiverSource Life Insurance Company 9550 Ameriprise Financial Center, H22/9550 Minneapolis, MN 55474 (612) 671-2465 ext. [Phone]	CoCode: 65005 Group Code: 4 Group Name: FEIN Number: 41-0823832	State of Domicile: Minnesota Company Type: Life Insurance State ID Number:
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State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 RB19 2022/30225 RB19 2022

Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? Yes
Fee Explanation: Domicile state of MN rate fee = \$125.
Per Company: Yes

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	\$125.00	04/22/2022 03:33 PM	228107728
EFT Total	\$125.00		

SERFF Tracking #:	AERS-133072639	State Tracking #:	AERS-133072639	Company Tracking #:	30225 RB19 2022
State:	Pennsylvania		Filing Company:	RiverSource Life Insurance Company	
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified				
Product Name:	Long Term Care				
Project Name/Number:	30225 RB19 2022/30225 RB19 2022				

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	6.700%
Effective Date of Last Rate Revision:	09/15/2019
Filing Method of Last Filing:	Review and Approval
SERFF Tracking Number of Last Filing:	AERS-131727379

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	43.900%	43.900%	\$2,043,897	2,178	\$4,650,513	49.600%	32.500%

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 RB19 2022/30225 RB19 2022		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA PremiumRates_30225	30225-PA, 30225-PA1, 30225A-PA1	Revised	Previous State Filing Number: AERS-131727379 Percent Rate Change Request: 43.9	PA PremiumRates_30225.20220421.pdf,

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	124.10	91.76	232.10	172.62	291.42	215.92
41	124.10	91.76	232.10	172.62	291.42	215.92
42	124.10	91.76	232.10	172.62	291.42	215.92
43	124.10	91.76	232.10	172.62	291.42	215.92
44	124.10	91.76	232.10	172.62	291.42	215.92
45	124.10	91.76	232.10	172.62	291.42	215.92
46	134.96	102.58	242.84	183.46	307.66	232.10
47	134.96	102.58	248.24	183.46	312.94	232.10
48	140.26	102.58	253.60	188.88	318.40	237.50
49	140.26	107.96	253.60	194.36	323.80	242.84
50	145.80	107.96	259.06	194.36	329.26	248.24
51	151.16	113.30	269.80	205.14	340.00	259.06
52	161.92	118.78	280.70	210.42	356.16	269.80
53	167.32	124.10	291.42	221.24	372.36	280.70
54	178.10	134.96	307.66	232.10	394.02	296.80
55	199.66	151.16	340.00	259.06	437.16	329.26
56	215.92	167.32	372.36	286.02	474.86	372.36
57	237.50	183.46	404.76	312.94	518.14	399.32
58	264.44	205.14	447.90	340.00	566.62	437.16
59	296.80	221.24	491.00	372.36	626.12	474.86
60	329.26	259.06	539.64	426.30	685.36	539.64
61	367.00	296.80	609.82	496.54	766.36	620.60
62	404.76	318.40	663.80	528.88	841.92	663.80
63	464.12	377.76	761.00	615.18	960.58	777.14
64	523.52	410.20	852.68	669.18	999.98	847.28
65	582.86	474.86	933.58	761.00	999.98	960.58
66	636.88	507.34	999.98	804.08	999.98	999.98
67	706.98	561.22	999.98	879.64	999.98	999.98
68	777.14	636.88	999.98	982.18	999.98	999.98
69	874.24	690.76	999.98	999.98	999.98	999.98
70	966.04	766.36	999.98	999.98	999.98	999.98
71	999.98	836.44	999.98	999.98	999.98	999.98
72	999.98	922.78	999.98	999.98	999.98	999.98
73	999.98	999.98	999.98	999.98	999.98	999.98
74	999.98	999.98	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 6
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227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	78.26	56.50	138.98	99.96	173.84	126.04
41	78.26	56.50	138.98	99.96	173.84	126.04
42	78.26	56.50	138.98	99.96	173.84	126.04
43	78.26	56.50	138.98	99.96	173.84	126.04
44	78.26	56.50	138.98	99.96	173.84	126.04
45	78.26	56.50	138.98	99.96	173.84	126.04
46	82.58	60.86	143.42	104.28	182.54	130.38
47	86.96	60.86	147.70	104.28	186.84	134.70
48	86.96	60.86	147.70	108.64	186.84	134.70
49	86.96	65.12	152.10	112.94	191.24	138.98
50	91.24	65.12	156.48	112.94	195.52	138.98
51	95.60	69.50	160.74	121.70	212.90	152.10
52	99.96	69.50	165.18	121.70	217.22	156.48
53	104.28	73.90	173.84	126.04	221.68	160.74
54	112.94	78.26	182.54	130.38	234.66	169.44
55	121.70	86.96	199.86	143.42	260.70	186.84
56	134.70	99.96	221.68	160.74	282.50	208.58
57	147.70	108.64	238.96	178.14	304.16	225.98
58	165.18	121.70	265.10	191.24	334.64	243.32
59	182.54	130.38	291.14	208.58	369.36	265.10
60	204.18	152.10	321.52	243.32	404.08	304.16
61	225.98	178.14	360.64	278.12	451.88	352.00
62	252.00	191.24	391.10	299.82	495.32	373.72
63	286.78	221.68	447.58	347.60	564.88	438.84
64	321.52	243.32	499.70	378.04	634.40	477.96
65	360.64	282.50	551.84	430.20	695.16	543.12
66	391.10	299.82	590.94	456.22	747.40	573.60
67	438.84	334.64	651.74	495.32	821.24	621.36
68	482.36	373.72	712.62	551.84	890.68	690.86
69	538.82	408.50	786.46	599.58	982.00	747.40
70	595.32	451.88	864.68	656.06	999.98	816.88
71	651.74	495.32	934.18	708.28	999.98	873.40
72	721.36	547.48	999.98	777.84	999.98	942.92
73	799.48	612.72	999.98	860.36	999.98	999.98
74	877.70	677.88	999.98	942.92	999.98	999.98
75	977.68	743.00	999.98	999.98	999.98	999.98
76	999.98	825.56	999.98	999.98	999.98	999.98
77	999.98	929.82	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	69.50	52.16	121.70	91.24	152.10	112.94
41	69.50	52.16	121.70	91.24	152.10	112.94
42	69.50	52.16	121.70	91.24	152.10	112.94
43	69.50	52.16	121.70	91.24	152.10	112.94
44	69.50	52.16	121.70	91.24	152.10	112.94
45	69.50	52.16	121.70	91.24	152.10	112.94
46	73.90	56.50	126.04	95.60	160.74	121.70
47	73.90	56.50	130.38	99.96	165.18	126.04
48	78.26	56.50	134.70	99.96	169.44	126.04
49	78.26	60.86	134.70	104.28	169.44	130.38
50	82.58	60.86	138.98	104.28	173.84	130.38
51	86.96	65.12	143.42	108.64	182.54	143.42
52	86.96	65.12	147.70	112.94	186.84	147.70
53	95.60	69.50	156.48	117.38	199.86	156.48
54	99.96	73.90	165.18	126.04	208.58	160.74
55	108.64	82.58	178.14	134.70	230.28	173.84
56	121.70	91.24	195.52	152.10	252.00	191.24
57	134.70	104.28	212.90	165.18	273.78	212.90
58	147.70	112.94	238.96	182.54	304.16	230.28
59	165.18	126.04	260.70	199.86	334.64	252.00
60	182.54	143.42	286.78	225.98	365.04	286.78
61	204.18	165.18	321.52	260.70	404.08	325.90
62	225.98	178.14	352.00	278.12	447.58	352.00
63	260.70	208.58	408.50	330.26	512.78	412.74
64	291.14	230.28	451.88	356.34	569.24	447.58
65	321.52	265.10	495.32	404.08	621.36	508.34
66	352.00	282.50	530.12	425.84	664.90	534.44
67	395.38	312.86	586.58	464.96	738.70	586.58
68	438.84	356.34	643.14	521.46	803.90	656.06
69	486.66	386.74	708.28	564.88	882.08	703.88
70	534.44	425.84	777.84	617.06	964.66	764.76
71	582.26	460.58	834.24	660.50	999.98	812.60
72	647.42	517.06	921.22	734.32	999.98	886.42
73	721.36	582.26	999.98	812.60	999.98	977.68
74	790.84	634.40	999.98	886.42	999.98	999.98
75	877.70	695.16	999.98	960.30	999.98	999.98
76	973.34	769.10	999.98	999.98	999.98	999.98
77	999.98	877.70	999.98	999.98	999.98	999.98
78	999.98	973.34	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

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Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	60.86	43.44	104.28	78.26	130.38	95.60
41	60.86	43.44	104.28	78.26	130.38	95.60
42	60.86	43.44	104.28	78.26	130.38	95.60
43	60.86	43.44	104.28	78.26	130.38	95.60
44	60.86	43.44	104.28	78.26	130.38	95.60
45	60.86	43.44	104.28	78.26	130.38	95.60
46	60.86	47.82	108.64	82.58	134.70	99.96
47	65.12	47.82	112.94	82.58	138.98	104.28
48	65.12	47.82	112.94	82.58	138.98	104.28
49	65.12	47.82	112.94	82.58	143.42	108.64
50	69.50	52.16	117.38	86.96	147.70	117.38
51	69.50	52.16	121.70	91.24	152.10	121.70
52	73.90	56.50	126.04	95.60	160.74	126.04
53	78.26	60.86	130.38	99.96	165.18	130.38
54	82.58	60.86	138.98	104.28	178.14	130.38
55	91.24	69.50	152.10	112.94	195.52	147.70
56	104.28	73.90	169.44	121.70	217.22	156.48
57	112.94	86.96	182.54	138.98	234.66	178.14
58	126.04	95.60	199.86	152.10	256.36	195.52
59	138.98	104.28	221.68	169.44	278.12	212.90
60	160.74	117.38	252.00	186.84	317.24	234.66
61	173.84	130.38	273.78	204.18	343.26	256.36
62	195.52	147.70	308.46	234.66	391.10	295.52
63	221.68	160.74	343.26	252.00	434.52	317.24
64	256.36	182.54	395.38	286.78	499.70	360.64
65	282.50	204.18	430.20	312.86	543.12	395.38
66	317.24	225.98	477.96	343.26	599.58	430.20
67	347.60	247.72	517.06	365.04	651.74	460.58
68	382.36	278.12	564.88	408.50	703.88	508.34
69	417.20	299.82	608.40	434.52	760.34	543.12
70	451.88	330.26	651.74	477.96	808.22	590.94
71	495.32	360.64	708.28	512.78	873.40	630.06
72	538.82	391.10	764.76	556.18	929.82	673.50
73	586.58	430.20	816.88	604.00	982.00	725.62
74	643.14	473.62	890.68	656.06	999.98	773.44
75	708.28	512.78	977.68	708.28	999.98	821.24
76	782.12	569.24	999.98	773.44	999.98	886.42
77	869.10	634.40	999.98	855.94	999.98	964.66
78	956.02	699.60	999.98	934.18	999.98	999.98
79	999.98	764.76	999.98	999.98	999.98	999.98
80		834.24		999.98		999.98
81		912.46		999.98		999.98
82		995.02		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

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Premium Rates with First 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	68.92	51.06	26.38	19.54	66.84	49.70
41	70.72	52.40	27.54	20.42	67.64	50.32
42	72.56	53.76	28.74	21.28	68.42	50.90
43	74.38	55.12	29.92	22.16	69.22	51.50
44	76.20	56.46	31.12	23.04	70.04	52.08
45	78.04	57.82	32.30	23.92	70.82	52.66
46	84.60	63.80	35.64	26.88	75.22	56.82
47	88.28	65.46	37.84	28.06	78.06	57.68
48	92.10	68.68	40.10	29.90	80.92	60.28
49	95.98	72.00	42.40	31.80	82.10	62.92
50	99.96	75.36	44.76	33.76	85.06	63.82
51	105.58	80.46	48.00	36.58	89.70	68.20
52	113.08	85.66	52.16	39.50	94.50	70.84
53	120.82	91.08	56.48	42.58	99.32	75.40
54	130.58	98.36	61.84	46.58	106.12	80.04
55	147.92	111.40	70.92	53.40	118.66	90.42
56	163.28	128.04	79.08	62.02	131.14	100.74
57	180.98	139.48	88.52	68.22	143.82	111.18
58	201.00	155.06	99.24	76.56	160.54	121.88
59	225.52	171.04	112.36	85.22	177.52	134.62
60	250.60	197.32	125.96	99.16	196.80	155.46
61	283.82	229.84	143.84	116.48	224.18	182.52
62	315.78	248.98	161.32	127.18	245.92	195.94
63	364.80	295.14	187.82	151.96	284.10	229.68
64	403.70	325.76	214.20	168.98	320.80	251.76
65	403.70	373.86	218.03	195.36	353.92	288.50
66	403.70	398.04	218.03	209.06	382.46	306.36
67	403.70	403.70	218.03	218.03	387.99	336.82
68	403.70	403.70	218.03	218.03	387.99	377.96
69	403.70	403.70	218.03	218.03	387.99	387.99
70	403.70	403.70	218.03	218.03	387.99	387.99
71	403.70	403.70	218.03	218.03	387.99	387.99
72	403.70	403.70	218.03	218.03	387.99	387.99
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.38	31.44	17.16	12.44	39.92	28.70
41	44.24	32.06	17.74	12.86	40.66	29.24
42	45.12	32.72	18.34	13.28	41.38	29.76
43	46.02	33.36	18.92	13.72	42.10	30.28
44	46.90	34.00	19.50	14.14	42.82	30.80
45	47.78	34.64	20.10	14.58	43.56	31.34
46	51.60	36.86	22.10	15.76	45.50	33.08
47	54.26	39.12	23.64	17.06	47.42	33.48
48	55.72	40.14	24.68	17.80	48.00	35.32
49	58.50	42.52	26.32	19.14	50.02	37.14
50	61.32	43.60	27.98	19.90	52.08	37.58
51	68.08	48.62	31.44	22.46	54.12	40.98
52	70.74	50.98	33.08	23.82	56.24	41.44
53	73.54	53.34	34.78	25.24	59.88	43.42
54	79.26	57.24	37.90	27.34	63.58	45.42
55	89.64	64.26	43.30	31.04	70.40	50.54
56	98.72	72.88	48.18	35.60	78.82	57.16
57	108.00	80.24	53.24	39.58	85.78	63.94
58	120.70	87.76	60.08	43.70	96.04	69.30
59	135.30	97.10	67.98	48.80	106.42	76.24
60	150.28	113.12	76.18	57.34	118.60	89.76
61	170.20	132.58	87.00	67.78	134.10	103.42
62	188.92	142.52	97.34	73.44	146.60	112.40
63	218.14	169.46	113.26	87.98	169.12	131.34
64	248.00	186.84	129.72	97.76	190.28	143.96
65	275.04	214.88	144.92	113.24	211.78	165.08
66	297.60	228.40	157.44	120.84	227.62	175.72
67	329.04	248.96	174.78	132.24	251.92	191.48
68	357.76	277.50	191.50	148.54	276.46	214.08
69	394.44	300.20	211.90	161.26	305.16	232.64
70	401.65	328.10	215.77	176.26	335.50	254.56
71	401.65	350.80	215.77	188.46	362.46	274.82
72	401.65	378.74	215.77	203.44	387.99	301.80
73	401.65	401.65	215.77	215.77	387.99	333.82
74	401.65	401.65	215.77	215.77	387.99	365.84
75	401.65	401.65	215.77	215.77	387.99	387.99
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	40.10	29.80	16.44	12.22	36.08	27.06
41	40.44	30.02	16.66	12.38	36.70	27.52
42	40.80	30.28	16.90	12.54	37.34	28.00
43	41.12	30.52	17.12	12.70	37.98	28.48
44	41.44	30.76	17.34	12.86	38.60	28.96
45	41.78	31.02	17.56	13.04	39.26	29.42
46	45.44	34.40	19.48	14.76	41.08	31.14
47	48.02	36.66	20.94	16.00	42.92	32.90
48	50.62	37.66	22.46	16.72	44.80	33.24
49	51.98	40.02	23.44	18.02	45.24	35.02
50	54.74	41.08	25.04	18.78	47.14	35.38
51	58.56	46.02	27.12	21.30	49.08	37.20
52	61.06	48.28	28.62	22.60	51.00	39.00
53	66.50	52.06	31.52	24.68	54.50	40.88
54	70.64	54.42	33.84	26.08	58.02	44.28
55	79.36	59.90	38.40	28.98	63.10	47.72
56	88.22	66.94	43.12	32.74	69.92	54.38
57	97.34	75.70	48.04	37.36	76.80	59.58
58	109.82	83.16	54.70	41.42	86.98	66.44
59	122.66	92.36	61.68	46.44	95.74	73.40
60	135.80	106.68	68.86	54.10	106.24	83.74
61	152.18	122.72	77.76	62.74	120.06	97.36
62	170.62	134.20	87.90	69.12	132.46	104.66
63	197.82	159.24	102.68	82.64	154.94	125.26
64	222.26	174.74	116.16	91.36	172.70	136.18
65	245.44	200.80	129.22	105.72	190.76	155.62
66	264.28	212.44	139.70	112.28	205.06	164.72
67	295.44	234.62	156.78	124.50	227.60	180.42
68	322.90	263.50	172.34	140.64	249.54	202.34
69	354.28	282.72	190.34	151.88	274.82	219.16
70	387.48	307.18	208.14	165.02	301.80	239.40
71	401.65	326.38	215.77	175.34	323.68	256.28
72	401.65	356.04	215.77	191.26	357.44	284.92
73	401.65	392.70	215.77	210.98	387.99	315.28
74	401.65	401.65	215.77	215.77	387.99	343.92
75	401.65	401.65	215.77	215.77	387.99	372.58
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	36.02	26.42	15.24	11.18	30.58	22.92
41	36.30	26.62	15.44	11.32	31.10	23.34
42	36.60	26.82	15.64	11.46	31.66	23.76
43	36.88	27.06	15.82	11.60	32.20	24.18
44	37.16	27.26	16.00	11.74	32.74	24.56
45	37.44	27.46	16.18	11.88	33.28	24.98
46	39.26	29.14	17.12	12.70	35.04	26.64
47	41.10	30.82	18.10	13.58	36.82	26.92
48	41.70	31.26	18.50	13.88	37.20	27.18
49	43.62	33.04	19.52	14.80	37.58	27.46
50	45.56	36.20	20.56	16.34	39.44	29.22
51	47.94	38.36	21.96	17.56	41.42	31.04
52	51.72	40.56	24.02	18.84	43.44	32.94
53	54.26	42.82	25.50	20.14	45.50	34.88
54	59.72	43.72	28.44	20.82	49.12	36.86
55	66.86	50.50	32.20	24.34	54.40	40.40
56	75.68	54.52	36.88	26.60	60.98	43.82
57	83.26	63.20	41.08	31.18	66.14	50.34
58	92.62	70.64	46.18	35.22	72.86	55.46
59	102.26	78.28	51.52	39.44	81.34	62.16
60	118.70	87.80	60.40	44.68	93.04	68.98
61	130.04	97.12	66.74	49.84	101.96	76.04
62	150.04	113.36	77.60	58.64	115.90	88.16
63	168.74	123.18	87.94	64.20	130.08	95.48
64	196.44	141.76	103.16	74.42	151.10	109.58
65	216.08	157.30	114.28	83.20	165.80	120.56
66	239.88	172.12	127.32	91.36	184.92	132.82
67	261.78	185.00	139.64	98.70	200.62	141.62
68	282.72	204.18	151.88	109.68	219.16	158.50
69	305.40	218.16	164.06	117.20	236.04	168.58
70	324.62	237.36	174.38	127.52	252.88	185.44
71	350.80	253.08	188.46	135.96	274.82	198.96
72	373.48	270.50	200.64	145.34	296.72	215.80
73	394.44	291.46	211.90	156.58	316.96	234.34
74	401.65	310.66	215.77	166.88	345.58	254.56
75	401.65	329.86	215.77	177.20	379.36	274.82
76	401.65	356.04	215.77	191.26	387.99	300.08
77	401.65	387.48	215.77	208.14	387.99	332.12
78	401.65	401.65	215.77	215.77	387.99	362.46
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	124.10	91.76	232.10	172.62	291.42	215.92
41	124.10	91.76	232.10	172.62	291.42	215.92
42	124.10	91.76	232.10	172.62	291.42	215.92
43	124.10	91.76	232.10	172.62	291.42	215.92
44	124.10	91.76	232.10	172.62	291.42	215.92
45	124.10	91.76	232.10	172.62	291.42	215.92
46	134.96	102.58	242.84	183.46	307.66	232.10
47	134.96	102.58	248.24	183.46	312.94	232.10
48	140.26	102.58	253.60	188.88	318.40	237.50
49	140.26	107.96	253.60	194.36	323.80	242.84
50	145.80	107.96	259.06	194.36	329.26	248.24
51	151.16	113.30	269.80	205.14	340.00	259.06
52	161.92	118.78	280.70	210.42	356.16	269.80
53	167.32	124.10	291.42	221.24	372.36	280.70
54	178.10	134.96	307.66	232.10	394.02	296.80
55	199.66	151.16	340.00	259.06	437.16	329.26
56	215.92	167.32	372.36	286.02	474.86	372.36
57	237.50	183.46	404.76	312.94	518.14	399.32
58	264.44	205.14	447.90	340.00	566.62	437.16
59	296.80	221.24	491.00	372.36	626.12	474.86
60	329.26	259.06	539.64	426.30	685.36	539.64
61	367.00	296.80	609.82	496.54	766.36	620.60
62	404.76	318.40	663.80	528.88	841.92	663.80
63	464.12	377.76	761.00	615.18	960.58	777.14
64	523.52	410.20	852.68	669.18	999.98	847.28
65	582.86	474.86	933.58	761.00	999.98	960.58
66	636.88	507.34	999.98	804.08	999.98	999.98
67	706.98	561.22	999.98	879.64	999.98	999.98
68	777.14	636.88	999.98	982.18	999.98	999.98
69	874.24	690.76	999.98	999.98	999.98	999.98
70	966.04	766.36	999.98	999.98	999.98	999.98
71	999.98	836.44	999.98	999.98	999.98	999.98
72	999.98	922.78	999.98	999.98	999.98	999.98
73	999.98	999.98	999.98	999.98	999.98	999.98
74	999.98	999.98	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	78.26	56.50	138.98	99.96	173.84	126.04
41	78.26	56.50	138.98	99.96	173.84	126.04
42	78.26	56.50	138.98	99.96	173.84	126.04
43	78.26	56.50	138.98	99.96	173.84	126.04
44	78.26	56.50	138.98	99.96	173.84	126.04
45	78.26	56.50	138.98	99.96	173.84	126.04
46	82.58	60.86	143.42	104.28	182.54	130.38
47	86.96	60.86	147.70	104.28	186.84	134.70
48	86.96	60.86	147.70	108.64	186.84	134.70
49	86.96	65.12	152.10	112.94	191.24	138.98
50	91.24	65.12	156.48	112.94	195.52	138.98
51	95.60	69.50	160.74	121.70	212.90	152.10
52	99.96	69.50	165.18	121.70	217.22	156.48
53	104.28	73.90	173.84	126.04	221.68	160.74
54	112.94	78.26	182.54	130.38	234.66	169.44
55	121.70	86.96	199.86	143.42	260.70	186.84
56	134.70	99.96	221.68	160.74	282.50	208.58
57	147.70	108.64	238.96	178.14	304.16	225.98
58	165.18	121.70	265.10	191.24	334.64	243.32
59	182.54	130.38	291.14	208.58	369.36	265.10
60	204.18	152.10	321.52	243.32	404.08	304.16
61	225.98	178.14	360.64	278.12	451.88	352.00
62	252.00	191.24	391.10	299.82	495.32	373.72
63	286.78	221.68	447.58	347.60	564.88	438.84
64	321.52	243.32	499.70	378.04	634.40	477.96
65	360.64	282.50	551.84	430.20	695.16	543.12
66	391.10	299.82	590.94	456.22	747.40	573.60
67	438.84	334.64	651.74	495.32	821.24	621.36
68	482.36	373.72	712.62	551.84	890.68	690.86
69	538.82	408.50	786.46	599.58	982.00	747.40
70	595.32	451.88	864.68	656.06	999.98	816.88
71	651.74	495.32	934.18	708.28	999.98	873.40
72	721.36	547.48	999.98	777.84	999.98	942.92
73	799.48	612.72	999.98	860.36	999.98	999.98
74	877.70	677.88	999.98	942.92	999.98	999.98
75	977.68	743.00	999.98	999.98	999.98	999.98
76	999.98	825.56	999.98	999.98	999.98	999.98
77	999.98	929.82	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	69.50	52.16	121.70	91.24	152.10	112.94
41	69.50	52.16	121.70	91.24	152.10	112.94
42	69.50	52.16	121.70	91.24	152.10	112.94
43	69.50	52.16	121.70	91.24	152.10	112.94
44	69.50	52.16	121.70	91.24	152.10	112.94
45	69.50	52.16	121.70	91.24	152.10	112.94
46	73.90	56.50	126.04	95.60	160.74	121.70
47	73.90	56.50	130.38	99.96	165.18	126.04
48	78.26	56.50	134.70	99.96	169.44	126.04
49	78.26	60.86	134.70	104.28	169.44	130.38
50	82.58	60.86	138.98	104.28	173.84	130.38
51	86.96	65.12	143.42	108.64	182.54	143.42
52	86.96	65.12	147.70	112.94	186.84	147.70
53	95.60	69.50	156.48	117.38	199.86	156.48
54	99.96	73.90	165.18	126.04	208.58	160.74
55	108.64	82.58	178.14	134.70	230.28	173.84
56	121.70	91.24	195.52	152.10	252.00	191.24
57	134.70	104.28	212.90	165.18	273.78	212.90
58	147.70	112.94	238.96	182.54	304.16	230.28
59	165.18	126.04	260.70	199.86	334.64	252.00
60	182.54	143.42	286.78	225.98	365.04	286.78
61	204.18	165.18	321.52	260.70	404.08	325.90
62	225.98	178.14	352.00	278.12	447.58	352.00
63	260.70	208.58	408.50	330.26	512.78	412.74
64	291.14	230.28	451.88	356.34	569.24	447.58
65	321.52	265.10	495.32	404.08	621.36	508.34
66	352.00	282.50	530.12	425.84	664.90	534.44
67	395.38	312.86	586.58	464.96	738.70	586.58
68	438.84	356.34	643.14	521.46	803.90	656.06
69	486.66	386.74	708.28	564.88	882.08	703.88
70	534.44	425.84	777.84	617.06	964.66	764.76
71	582.26	460.58	834.24	660.50	999.98	812.60
72	647.42	517.06	921.22	734.32	999.98	886.42
73	721.36	582.26	999.98	812.60	999.98	977.68
74	790.84	634.40	999.98	886.42	999.98	999.98
75	877.70	695.16	999.98	960.30	999.98	999.98
76	973.34	769.10	999.98	999.98	999.98	999.98
77	999.98	877.70	999.98	999.98	999.98	999.98
78	999.98	973.34	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	60.86	43.44	104.28	78.26	130.38	95.60
41	60.86	43.44	104.28	78.26	130.38	95.60
42	60.86	43.44	104.28	78.26	130.38	95.60
43	60.86	43.44	104.28	78.26	130.38	95.60
44	60.86	43.44	104.28	78.26	130.38	95.60
45	60.86	43.44	104.28	78.26	130.38	95.60
46	60.86	47.82	108.64	82.58	134.70	99.96
47	65.12	47.82	112.94	82.58	138.98	104.28
48	65.12	47.82	112.94	82.58	138.98	104.28
49	65.12	47.82	112.94	82.58	143.42	108.64
50	69.50	52.16	117.38	86.96	147.70	117.38
51	69.50	52.16	121.70	91.24	152.10	121.70
52	73.90	56.50	126.04	95.60	160.74	126.04
53	78.26	60.86	130.38	99.96	165.18	130.38
54	82.58	60.86	138.98	104.28	178.14	130.38
55	91.24	69.50	152.10	112.94	195.52	147.70
56	104.28	73.90	169.44	121.70	217.22	156.48
57	112.94	86.96	182.54	138.98	234.66	178.14
58	126.04	95.60	199.86	152.10	256.36	195.52
59	138.98	104.28	221.68	169.44	278.12	212.90
60	160.74	117.38	252.00	186.84	317.24	234.66
61	173.84	130.38	273.78	204.18	343.26	256.36
62	195.52	147.70	308.46	234.66	391.10	295.52
63	221.68	160.74	343.26	252.00	434.52	317.24
64	256.36	182.54	395.38	286.78	499.70	360.64
65	282.50	204.18	430.20	312.86	543.12	395.38
66	317.24	225.98	477.96	343.26	599.58	430.20
67	347.60	247.72	517.06	365.04	651.74	460.58
68	382.36	278.12	564.88	408.50	703.88	508.34
69	417.20	299.82	608.40	434.52	760.34	543.12
70	451.88	330.26	651.74	477.96	808.22	590.94
71	495.32	360.64	708.28	512.78	873.40	630.06
72	538.82	391.10	764.76	556.18	929.82	673.50
73	586.58	430.20	816.88	604.00	982.00	725.62
74	643.14	473.62	890.68	656.06	999.98	773.44
75	708.28	512.78	977.68	708.28	999.98	821.24
76	782.12	569.24	999.98	773.44	999.98	886.42
77	869.10	634.40	999.98	855.94	999.98	964.66
78	956.02	699.60	999.98	934.18	999.98	999.98
79	999.98	764.76	999.98	999.98	999.98	999.98
80		834.24		999.98		999.98
81		912.46		999.98		999.98
82		995.02		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	68.92	51.06	26.38	19.54	66.84	49.70
41	70.72	52.40	27.54	20.42	67.64	50.32
42	72.56	53.76	28.74	21.28	68.42	50.90
43	74.38	55.12	29.92	22.16	69.22	51.50
44	76.20	56.46	31.12	23.04	70.04	52.08
45	78.04	57.82	32.30	23.92	70.82	52.66
46	84.60	63.80	35.64	26.88	75.22	56.82
47	88.28	65.46	37.84	28.06	78.06	57.68
48	92.10	68.68	40.10	29.90	80.92	60.28
49	95.98	72.00	42.40	31.80	82.10	62.92
50	99.96	75.36	44.76	33.76	85.06	63.82
51	105.58	80.46	48.00	36.58	89.70	68.20
52	113.08	85.66	52.16	39.50	94.50	70.84
53	120.82	91.08	56.48	42.58	99.32	75.40
54	130.58	98.36	61.84	46.58	106.12	80.04
55	147.92	111.40	70.92	53.40	118.66	90.42
56	163.28	128.04	79.08	62.02	131.14	100.74
57	180.98	139.48	88.52	68.22	143.82	111.18
58	201.00	155.06	99.24	76.56	160.54	121.88
59	225.52	171.04	112.36	85.22	177.52	134.62
60	250.60	197.32	125.96	99.16	196.80	155.46
61	283.82	229.84	143.84	116.48	224.18	182.52
62	315.78	248.98	161.32	127.18	245.92	195.94
63	364.80	295.14	187.82	151.96	284.10	229.68
64	403.70	325.76	214.20	168.98	320.80	251.76
65	403.70	373.86	218.03	195.36	353.92	288.50
66	403.70	398.04	218.03	209.06	382.46	306.36
67	403.70	403.70	218.03	218.03	387.99	336.82
68	403.70	403.70	218.03	218.03	387.99	377.96
69	403.70	403.70	218.03	218.03	387.99	387.99
70	403.70	403.70	218.03	218.03	387.99	387.99
71	403.70	403.70	218.03	218.03	387.99	387.99
72	403.70	403.70	218.03	218.03	387.99	387.99
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.38	31.44	17.16	12.44	39.92	28.70
41	44.24	32.06	17.74	12.86	40.66	29.24
42	45.12	32.72	18.34	13.28	41.38	29.76
43	46.02	33.36	18.92	13.72	42.10	30.28
44	46.90	34.00	19.50	14.14	42.82	30.80
45	47.78	34.64	20.10	14.58	43.56	31.34
46	51.60	36.86	22.10	15.76	45.50	33.08
47	54.26	39.12	23.64	17.06	47.42	33.48
48	55.72	40.14	24.68	17.80	48.00	35.32
49	58.50	42.52	26.32	19.14	50.02	37.14
50	61.32	43.60	27.98	19.90	52.08	37.58
51	68.08	48.62	31.44	22.46	54.12	40.98
52	70.74	50.98	33.08	23.82	56.24	41.44
53	73.54	53.34	34.78	25.24	59.88	43.42
54	79.26	57.24	37.90	27.34	63.58	45.42
55	89.64	64.26	43.30	31.04	70.40	50.54
56	98.72	72.88	48.18	35.60	78.82	57.16
57	108.00	80.24	53.24	39.58	85.78	63.94
58	120.70	87.76	60.08	43.70	96.04	69.30
59	135.30	97.10	67.98	48.80	106.42	76.24
60	150.28	113.12	76.18	57.34	118.60	89.76
61	170.20	132.58	87.00	67.78	134.10	103.42
62	188.92	142.52	97.34	73.44	146.60	112.40
63	218.14	169.46	113.26	87.98	169.12	131.34
64	248.00	186.84	129.72	97.76	190.28	143.96
65	275.04	214.88	144.92	113.24	211.78	165.08
66	297.60	228.40	157.44	120.84	227.62	175.72
67	329.04	248.96	174.78	132.24	251.92	191.48
68	357.76	277.50	191.50	148.54	276.46	214.08
69	394.44	300.20	211.90	161.26	305.16	232.64
70	401.65	328.10	215.77	176.26	335.50	254.56
71	401.65	350.80	215.77	188.46	362.46	274.82
72	401.65	378.74	215.77	203.44	387.99	301.80
73	401.65	401.65	215.77	215.77	387.99	333.82
74	401.65	401.65	215.77	215.77	387.99	365.84
75	401.65	401.65	215.77	215.77	387.99	387.99
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	40.10	29.80	16.44	12.22	36.08	27.06
41	40.44	30.02	16.66	12.38	36.70	27.52
42	40.80	30.28	16.90	12.54	37.34	28.00
43	41.12	30.52	17.12	12.70	37.98	28.48
44	41.44	30.76	17.34	12.86	38.60	28.96
45	41.78	31.02	17.56	13.04	39.26	29.42
46	45.44	34.40	19.48	14.76	41.08	31.14
47	48.02	36.66	20.94	16.00	42.92	32.90
48	50.62	37.66	22.46	16.72	44.80	33.24
49	51.98	40.02	23.44	18.02	45.24	35.02
50	54.74	41.08	25.04	18.78	47.14	35.38
51	58.56	46.02	27.12	21.30	49.08	37.20
52	61.06	48.28	28.62	22.60	51.00	39.00
53	66.50	52.06	31.52	24.68	54.50	40.88
54	70.64	54.42	33.84	26.08	58.02	44.28
55	79.36	59.90	38.40	28.98	63.10	47.72
56	88.22	66.94	43.12	32.74	69.92	54.38
57	97.34	75.70	48.04	37.36	76.80	59.58
58	109.82	83.16	54.70	41.42	86.98	66.44
59	122.66	92.36	61.68	46.44	95.74	73.40
60	135.80	106.68	68.86	54.10	106.24	83.74
61	152.18	122.72	77.76	62.74	120.06	97.36
62	170.62	134.20	87.90	69.12	132.46	104.66
63	197.82	159.24	102.68	82.64	154.94	125.26
64	222.26	174.74	116.16	91.36	172.70	136.18
65	245.44	200.80	129.22	105.72	190.76	155.62
66	264.28	212.44	139.70	112.28	205.06	164.72
67	295.44	234.62	156.78	124.50	227.60	180.42
68	322.90	263.50	172.34	140.64	249.54	202.34
69	354.28	282.72	190.34	151.88	274.82	219.16
70	387.48	307.18	208.14	165.02	301.80	239.40
71	401.65	326.38	215.77	175.34	323.68	256.28
72	401.65	356.04	215.77	191.26	357.44	284.92
73	401.65	392.70	215.77	210.98	387.99	315.28
74	401.65	401.65	215.77	215.77	387.99	343.92
75	401.65	401.65	215.77	215.77	387.99	372.58
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	36.02	26.42	15.24	11.18	30.58	22.92
41	36.30	26.62	15.44	11.32	31.10	23.34
42	36.60	26.82	15.64	11.46	31.66	23.76
43	36.88	27.06	15.82	11.60	32.20	24.18
44	37.16	27.26	16.00	11.74	32.74	24.56
45	37.44	27.46	16.18	11.88	33.28	24.98
46	39.26	29.14	17.12	12.70	35.04	26.64
47	41.10	30.82	18.10	13.58	36.82	26.92
48	41.70	31.26	18.50	13.88	37.20	27.18
49	43.62	33.04	19.52	14.80	37.58	27.46
50	45.56	36.20	20.56	16.34	39.44	29.22
51	47.94	38.36	21.96	17.56	41.42	31.04
52	51.72	40.56	24.02	18.84	43.44	32.94
53	54.26	42.82	25.50	20.14	45.50	34.88
54	59.72	43.72	28.44	20.82	49.12	36.86
55	66.86	50.50	32.20	24.34	54.40	40.40
56	75.68	54.52	36.88	26.60	60.98	43.82
57	83.26	63.20	41.08	31.18	66.14	50.34
58	92.62	70.64	46.18	35.22	72.86	55.46
59	102.26	78.28	51.52	39.44	81.34	62.16
60	118.70	87.80	60.40	44.68	93.04	68.98
61	130.04	97.12	66.74	49.84	101.96	76.04
62	150.04	113.36	77.60	58.64	115.90	88.16
63	168.74	123.18	87.94	64.20	130.08	95.48
64	196.44	141.76	103.16	74.42	151.10	109.58
65	216.08	157.30	114.28	83.20	165.80	120.56
66	239.88	172.12	127.32	91.36	184.92	132.82
67	261.78	185.00	139.64	98.70	200.62	141.62
68	282.72	204.18	151.88	109.68	219.16	158.50
69	305.40	218.16	164.06	117.20	236.04	168.58
70	324.62	237.36	174.38	127.52	252.88	185.44
71	350.80	253.08	188.46	135.96	274.82	198.96
72	373.48	270.50	200.64	145.34	296.72	215.80
73	394.44	291.46	211.90	156.58	316.96	234.34
74	401.65	310.66	215.77	166.88	345.58	254.56
75	401.65	329.86	215.77	177.20	379.36	274.82
76	401.65	356.04	215.77	191.26	387.99	300.08
77	401.65	387.48	215.77	208.14	387.99	332.12
78	401.65	401.65	215.77	215.77	387.99	362.46
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 RB19 2022/30225 RB19 2022		

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA CoverLetter_30225.20220421.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA ActuarialMemorandum_30225.20220421.pdf PA Supplement_30225.20220421.pdf PA Supplement_Attachments3thru9_30225.20220421.xlsx PA ActuarialMemorandum_Exhibit5_30225.20220421.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 RB19 2022/30225 RB19 2022		

Item Status:	
Status Date:	

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Advertisement Compliance Certification
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Policies and Rider forms
Comments:	

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 RB19 2022/30225 RB19 2022		

Attachment(s):	30225A-PA1.pdf 30225-PA.pdf 30225-PA1.pdf 30270.pdf 30271.pdf 116353-1921.pdf 116355.pdf
Item Status:	
Status Date:	

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 RB19 2022/30225 RB19 2022		

Attachment PA Supplement_Attachments3thru9_30225.20220421.xlsx is not a PDF document and cannot be reproduced here.

Attachment PA ActuarialMemorandum_Exhibit5_30225.20220421.xlsx is not a PDF document and cannot be reproduced here.

April 21, 2022

Honorable Michael Humphreys
Insurance Commissioner
Pennsylvania Insurance Department

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-133072639
Policy Forms: Nursing Home Indemnity Policy Forms 30225-PA, 30225-PA1 and
30225A-PA1

Dear Commissioner Humphreys:

The referenced premium rate increase filing is being submitted by RiverSource Life Insurance Company for your review.

30225-PA, 30225-PA1, and 30225A-PA1 are existing individual policy forms providing benefits for confinement in a nursing home and were previously approved in 1993, 1995 and 1997, respectively. These policy forms were issued in Pennsylvania from January 1993 through September 1998 and are no longer being issued in any state and, outside of Pennsylvania, were last issued in 2002.

RiverSource Life is requesting the approval of premium rate increases on policy forms 30225-PA, 30225-PA1 and 30225A-PA1. At this time, we are requesting the following premium rate increases on the premium associated with the nursing home policy only for policies issued in Pennsylvania:

- a 49.6% premium rate increase for policies with a lifetime benefit period, spread over two years with an implementation schedule of two consecutive annual premium rate increases of 22.3% each; and
- a 32.5% premium rate increase for policies with non-lifetime benefit periods, spread over two years with an implementation schedule of two consecutive annual premium rate increases of 15.1% each.

As demonstrated in the Actuarial Memorandum, much larger premium rate increases are currently actuarially justifiable. However, the company believes it is appropriate to limit the current premium rate increase requests to 49.6% for policies with a lifetime benefit period and 32.5% for policies with non-lifetime benefit periods in order to minimize the impact on policyholders to the extent we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Department's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Department inform the company prior to approving the requested premium rate increases, as the company would like to amend this filing to request significantly larger premium rate increases at this time.

As noted in the Actuarial Memorandum, nine prior premium rate increases have been approved and implemented on all policies issued under these policy forms in Pennsylvania:

- a 35% increase was approved in January 2005 and implemented on each policyholder's next policy anniversary beginning in April 2005;
- a 15% increase was approved in April 2008 and implemented on each policyholder's next policy anniversary beginning in July 2008;
- a 10% increase was approved in June 2009 and implemented on each policyholder's next policy anniversary beginning in September 2009;
- a 10% increase was approved in March 2011 and implemented on each policyholder's next policy anniversary beginning in June 2011;
- a 15% increase was approved in May 2013 and implemented on each policyholder's next policy anniversary beginning in August 2013;
- a 15% increase was approved in September 2015 and implemented on each policyholder's next policy anniversary beginning in December 2015;
- a 10% increase was approved in September 2017 and implemented on each policyholder's next policy anniversary beginning in December 2017;
- a 10% increase for policies with a lifetime benefit period only was approved in June 2019 and implemented on each policyholder's next policy anniversary beginning in September 2019; and
- a 20% increase was approved in March 2021 and implemented on each policyholder's next policy anniversary beginning in August 2021.

These prior rate increases only applied to the premium associated with the nursing home policy, including the premium associated with the optional benefit increase rider. No rate increase has been or is being requested for the premium associated with either the optional home care rider or the optional nonforfeiture benefit rider.

As with the prior rate increases, the company will offer policyholders affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those policyholders who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. In addition, the company will offer all policyholders a contingent nonforfeiture benefit in accordance with the requirements set forth in Pennsylvania Code §89a.123, regardless of the issue date or issue age of the policy.

The following electronic items are included with this submission:

- this cover letter;
- an Actuarial Memorandum and Premium Rate Schedules;
- a Supplement to the Actuarial Memorandum;
- copies of policy forms 30225-PA, 30225-PA1 and 30225A-PA1, rider forms 30270 and 30271, and endorsement forms 116353-1921 and 116355;

- a Microsoft Excel workbook containing Exhibit 5 of the Actuarial Memorandum; and
- a Microsoft Excel workbook containing Attachments 3 through 9 of the Supplement.

The required retaliatory filing fee will be paid via Electronic Funds Transfer (EFT).

Thank you for your assistance in reviewing this filing.

Respectfully,



Anju Gupta-Lavey, FSA, MAAA
Senior Director - Actuary
RiverSource Life Insurance Company

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

Policy forms 30225-PA, 30225-PA1, and 30225A-PA1 are individual policy forms providing benefits to individuals for confinement in a nursing home. These policy forms were issued in Pennsylvania from January 15, 1993 to September 15, 1998.

1. Purpose of Filing

This Actuarial Memorandum has been prepared for the purpose of demonstrating the compliance of this premium rate increase filing with the applicable laws of the State of Pennsylvania and with the rules of the Department and that the anticipated loss ratio of these policy forms meets the minimum requirements of the state. It may not be appropriate for other purposes.

2. Description of Benefits

These are individually underwritten policy forms which pay a daily benefit for confinement in a nursing home. Benefits are payable under skilled, intermediate or custodial levels of care. Hospital confinement is not a pre-requisite for benefit entitlement.

The confinement daily benefit amount was selected at issue. The maximum period for which confinement benefits are payable was also selected at issue. The choices were: 2 years, 3 years, 4 years and unlimited (also referred to as "lifetime"). The policy also pays 60% of the confinement daily benefit for stays in a qualified Assisted Living Facility ("ALF"). A qualified ALF is one that has a minimum of 10 inpatients and has a 24-hour awake, trained and ready to respond staff.

Confinement benefit payments commence after an elimination period of 20 days or 100 days, depending on the plan initially chosen. During the continuation of confinement benefit payments, the premiums are waived after 90 days.

Benefit eligibility for nursing home coverage is based on the following: (a) sickness or injury (1996 and prior issues only); (b) the insured being unable to perform at least 3 or more following activities of daily living ("ADLs"): Bathing, Continence, Dressing, Feeding, Toileting and Transferring; or (c) cognitive impairment. Benefit eligibility for ALF coverage is based on either: (a) the insured being unable to perform at least 3 or more out of 6 ADLs; or (b) cognitive impairment. In most other states, benefit eligibility for nursing home coverage is based on the following: (a) sickness or injury (1996 and prior issues only); (b) the insured being unable to perform at least 2 or more out of 5 ADLs: Continence, Dressing, Feeding, Toileting and Transferring; or (c) cognitive impairment. Benefit eligibility for ALF coverage in most other states is based on either: (a) the insured being unable to perform at least 2 or more out of 5 ADLs; or (b) cognitive impairment.

If temporary hospitalization is required during a period of confinement in a nursing home or an ALF and there is a charge for reserving a bed in the facility, this policy will pay the daily benefit for up to 21 days during any confinement period.

BENEFIT INCREASE OPTIONS

At the time the policy was originally issued, the insured could choose to elect No Benefit Increase Option, the 5% Simple Benefit Increase Option or the 5% Compound Benefit

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

Increase Option. The 5% Simple Benefit Increase Option increases the daily benefit amount by 5% of the original daily benefit amount each year starting with the first policy anniversary. The 5% Compound Benefit Increase Option increases the previous year's daily benefit amount by 5% per year starting with the first policy anniversary.

Beginning in 2021, new benefit increase options first became available for Pennsylvania policyholders who had an existing 5% Simple or 5% Compound Benefit Increase Option. When the policyholder elects one of these new options, they retain all prior increases to the current daily benefit amount through the policy anniversary when the new option became effective. The 2% Compound Benefit Increase Option increases the previous year's daily benefit amount by 2% per year starting with the next policy anniversary after the new option is elected. The daily benefit amount does not increase in the future under the 0% Compound and 0% Simple Benefit Increase Options.

The 5% Simple, 5% Compound and 2% Compound Benefit Increase Options increase the daily benefit amount each year for the life of the policy and will apply even when the policy is in claim status.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This rate filing is applicable to inforce policies only, as these policy forms are no longer being sold in the market. The rate increase will apply to the premium associated with the nursing home policy only. No rate increase is being requested for the premium associated with either the optional home care rider or the optional nonforfeiture benefit rider.

5. Actuarial Assumptions

Exhibit 1 provides a comparison of the original pricing assumptions and the current assumptions used in this rate filing for morbidity, mortality, lapses and interest.

Exhibits 2 through 4 provide experience analysis summaries for morbidity, mortality and lapse in support of the current premium rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current premium rate increase analysis and summarizes our experience analysis in support of these assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing are reasonable.

Morbidity

RiverSource Life Insurance Company ("RiverSource Life") began marketing nursing home policies with a zero-day prior hospitalization requirement in 1989. Using the emerging experience on this business, statistics from the "1985 National Nursing Home

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

Survey” published by the National Center for Health Statistics and input provided from RiverSource Life’s reinsurer, the expected frequencies and severities of claims were developed for policies with No Benefit Increase Option. It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit.

Claim costs for the 5% Simple and 5% Compound Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.

Currently assumed expected claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors (“morbidity A/E factors”). The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later.

We conduct a morbidity study every year to analyze the current morbidity A/E factors. The analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available. Experience for all policies issued under policy form 30225 series, including both those issued without and with 1997 revised rates, is used in the study since the benefit provisions are essentially identical. The current study includes actual emerging experience through anniversaries ending December 2019 and is based on 15,531 actual claims (8,651 with a lifetime benefit period and 6,880 with non-lifetime benefit periods).

The morbidity study compares actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company’s most recent set of morbidity A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the morbidity A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of morbidity A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

The currently assumed morbidity A/E factors are provided in Exhibit 1.

Professional judgment is applied to create morbidity A/E factors for periods beyond that for which there is actual experience. It has been credibly observed on older forms, including policy form series 30225 issued without and with 1997 revised rates, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe morbidity A/E factors that increase by duration are appropriate.

Exhibit 2 provides a comparison of actual and expected experience, where expected experience reflects claim costs using current morbidity A/E factors. As shown in this exhibit, the ratio of total actual-to-expected claims using the current morbidity A/E factors is 99.2%. Actual claim counts are also provided in Exhibit 2.

Mortality

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

We conduct a mortality study every year to develop durational mortality actual-to-expected adjustment factors ("mortality A/E factors") that are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table. The mortality study is based on actual experience for all long-term care ("LTC") policies combined. The current study includes 66,053 deaths incurred on policies from policy anniversaries in 2000 through policy anniversaries in 2019.

The current mortality A/E factors were developed subject to the constraint that the factors must be non-decreasing by duration. The mortality A/E factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, the current mortality A/E factors increase to 100% of the table or higher. In general, that has not been the case through duration 26 for younger issue ages, but we expect that it will as insureds reach a very advanced age. For this reason, the mortality A/E factors extend to duration 35 for younger issue ages.

The currently assumed mortality A/E factors are provided in Exhibit 1.

Exhibit 3 provides a comparison of actual and expected deaths, where the expected basis reflects the 1983 IAM Basic table with the currently assumed mortality A/E factors. The mortality A/E factors fit the observed data very well with the resulting ratio of actual-to-expected deaths at or near 100%.

Lapse Rates

We conduct a lapse study each year to develop a best-estimate lapse assumption. The lapse study is based on actual experience for all LTC policies combined. The current study includes 38,087 lapses on policies from policy anniversaries in 2000 through policy anniversaries in 2019, including 13,544 lapses in durations 8 and later. The exposures and actual lapses close to the implementation of premium rate increases are excluded from this analysis. For non-lifetime benefit periods, lapses exclude policies that have maximized their benefits; a separate study is conducted to develop a best-estimate assumption for policy terminations due to expiration of benefits.

Lapse experience varies by issue age and benefit period (i.e. lifetime benefit period versus non-lifetime benefit periods). We applied judgment to the results of the lapse study to develop the best-estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We have also made an effort to reflect that lapse rates seem to increase some at older attained ages.

The current assumptions for lapse rates and policy terminations due to expiration of benefits are provided in Exhibit 1. As shown in this exhibit, currently assumed ultimate lapse rates range from 1.10% to 2.50% based on issue age band and benefit period category. Exhibit 4 provides a comparison of the actual and expected lapse experience, where the expected basis reflects the currently assumed lapse rates (not including policy terminations due to expiration of benefits).

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

We have experienced much stronger customer loyalty than anticipated at the time the LTC policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Policyholder Behavior Related to Premium Rate Increases

A premium increase notification letter is sent to the policyholder approximately 60 days prior to the effective date of the increase that explains the premium increase and provides alternative options to lessen or eliminate the additional financial outlay that would otherwise result. Depending on the policyholder's current coverage, these options could include:

- shorten the benefit period;
- reduce or remove the Benefit Increase Option;
- lower the current daily benefit amount; or
- exercise the contingent nonforfeiture benefit option to convert to a paid-up policy with reduced benefits.

A reduction in benefits of 2.00% for policies with a lifetime benefit period and 1.75% for policies with non-lifetime benefit periods in the first year of premium increase notification is assumed, and it is assumed that there will be an additional reduction in benefits of 1.75% for all policies in the second year of the multi-year premium rate increase. It is also assumed that an additional 0.7% of all inforce policyholders will lapse each year due to exercising the contingent nonforfeiture benefit option.

Adverse selection of 2.70% for policies with a lifetime benefit period and 2.45% for policies with non-lifetime benefit periods in the year of premium increase notification is assumed, grading down to 0% in the 4th year after premium increase notification.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2005, 2008, 2009, 2011, 2013, 2016, 2018 and 2020 so that total commissions paid before and after past sought nationwide increases in premium are similar. In addition, as part of this premium rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after the full amount of the requested increase in premium are similar.

The assumptions used in this rate filing are based on actual inforce experience of RiverSource Life and are deemed reasonable for these particular policy forms. These are best-estimate assumptions and do not include any provision for profit or contingencies.

6. Marketing Method

These policy forms were marketed by agents of RiverSource Life.

7. Underwriting Description

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. Premium rates vary by issue age, benefit period, elimination period and Benefit Increase Option. The premium for a policy is determined by applying the premium rate to the original daily benefit amount.

9. Issue Age Range

The issue ages were from 40 to 79, except for the benefit structures with 100-day elimination period and non-lifetime benefit periods which were issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of December 31, 2020) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	$1.0000 \cdot AP + 0.0$	42.1%
Semi-Annual	$0.5020 \cdot AP + 0.4$	8.6%
Quarterly	$0.2580 \cdot AP + 0.5$	8.6%
Monthly	$0.0868 \cdot AP + 0.6$	40.7%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in the analysis in this rate filing, except as provided in the supplement to this Actuarial Memorandum.

13. Trend Assumptions

As this is not medical insurance, explicit medical cost trends have not been included in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30225 is provided in Exhibit 5, including any previously implemented premium rate increases as described below in section 15. The

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

experience in Exhibit 5 is provided separately for (i) policies with a lifetime benefit period and (ii) policies with non-lifetime benefit periods as well as for (iii) all policies in total.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical loss ratio calculation for each calendar year:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year j

${}_jPmt_t^k$ = claim payments at time t for claims incurred at time k in year j

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2020 for claims incurred at time k in year j

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2020 attributable to claims incurred at time k in year j

EP_j = earned premium in year j

$ValDate$ = December 31, 2020

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

$v = 1 / 1.045 = 0.956938$

A historical annual loss ratio is calculated, without and with interest, as historical incurred claims divided by historical earned premiums. Historical earned premiums in Exhibit 5 are calculated based on the issue and, if appropriate, termination date for each policy. Historical incurred claims in Exhibit 5 are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated, without and with interest, as anticipated incurred claims divided by anticipated earned premiums. Anticipated earned premiums and incurred claims are projected on a seriatim basis and then summed to produce a total for

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

each calendar year. For purposes of discounting projected future experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A lifetime loss ratio as of December 31, 2020 is calculated as the sum of accumulated historical experience and discounted projected future experience where accumulation and discounting of the total for each calendar year occur at 4.5% and assume mid-year values.

15. History of Previous Premium Rate Revisions

Nine prior premium rate increases have been approved and implemented on all policies issued under these policy forms in Pennsylvania:

- a 35% increase was approved in January 2005 and implemented on each policyholder's next policy anniversary beginning in April 2005;
- a 15% increase was approved in April 2008 and implemented on each policyholder's next policy anniversary beginning in July 2008;
- a 10% increase was approved in June 2009 and implemented on each policyholder's next policy anniversary beginning in September 2009;
- a 10% increase was approved in March 2011 and implemented on each policyholder's next policy anniversary beginning in June 2011;
- a 15% increase was approved in May 2013 and implemented on each policyholder's next policy anniversary beginning in August 2013;
- a 15% increase was approved in September 2015 and implemented on each policyholder's next policy anniversary beginning in December 2015;
- a 10% increase was approved in September 2017 and implemented on each policyholder's next policy anniversary beginning in December 2017;
- a 10% increase for policies with a lifetime benefit period only was approved in June 2019 and implemented on each policyholder's next policy anniversary beginning in September 2019; and
- a 20% increase was approved in March 2021 and implemented on each policyholder's next policy anniversary beginning in August 2021.

The actual and projected premiums in Exhibit 5 reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2022 on a nationwide basis.

16. Requested Premium Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting the following premium rate increases:

- a 49.6% premium rate increase for policies with a lifetime benefit period, spread over two years with an implementation schedule of two consecutive annual premium rate increases of 22.3% each; and
- a 32.5% premium rate increase for policies with non-lifetime benefit periods, spread over two years with an implementation schedule of two consecutive annual premium rate increases of 15.1% each.

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

Projected experience assuming the requested premium rate increases are implemented from 2022 through 2024 is provided in Exhibit 5. As shown in this exhibit, the expected lifetime loss ratios before and after the requested premium rate increases exceed the minimum loss ratio of 60%.

The reason for the requested premium rate increases is due to a combination of actual lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

Table 1 shows the isolated impact on the projected lifetime loss ratios of future deviations in each key driver from original assumptions and the corresponding premium rate increase needed to produce the target lifetime loss ratio, separately for policies with a lifetime benefit period and policies with non-lifetime benefit periods. This target lifetime loss ratio represents the lifetime loss ratio using historical experience combined with projected future experience based on our original pricing assumptions and is 107.5% for policies with a lifetime benefit period and 82.0% for policies with non-lifetime benefit periods.

Note that Table 1 has been developed using nationwide historical experience through December 31, 2020, where actual and projected premiums reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2005 through 2022 on a nationwide basis, and the loss ratios with all current assumptions correspond to Exhibit 5(i) for policies with a lifetime benefit period and Exhibit 5(ii) for policies with non-lifetime benefit periods before the requested premium rate increases.

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

Table 1
RiverSource Life Insurance Company
Impact on Lifetime Loss Ratio of Changing from Original Pricing to Current Assumptions
Nationwide Experience Before Any Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

Policies with a Lifetime Benefit Period			
Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 107.5%
Historical Experience through 12/31/2020 & Projections with Original Pricing Assumptions	107.5%	N/A	N/A
Historical Experience through 12/31/2020 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	116.8%	9.3%	81.7%
Mortality	108.7%	1.2%	10.4%
Lapse	122.0%	14.5%	106.1%
Interest	112.7%	5.2%	41.9%
Historical Experience through 12/31/2020 & Projections with All Current Assumptions	144.6%	37.1%	244.1%

Policies with Non-Lifetime Benefit Periods			
Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 82.0%
Historical Experience through 12/31/2020 & Projections with Original Pricing Assumptions	82.0%	N/A	N/A
Historical Experience through 12/31/2020 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	83.1%	1.1%	21.3%
Mortality	82.7%	0.7%	11.9%
Lapse	86.2%	4.2%	74.6%
Interest	85.7%	3.7%	67.3%
Historical Experience through 12/31/2020 & Projections with All Current Assumptions	92.4%	10.4%	166.7%

Note that the lifetime loss ratio for each changed assumption in Table 1 does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio for policies with a lifetime benefit period (i.e. 37.1%) is greater than the sum of the impact of each changed assumption (i.e. 30.2% = 9.3% + 1.2% + 14.5% + 5.2%) and the total impact of all current assumptions on the lifetime loss ratio

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

for policies with non-lifetime benefit periods (i.e. 10.4%) is greater than the sum of the impact of each changed assumption (i.e. $9.7\% = 1.1\% + 0.7\% + 4.2\% + 3.7\%$).

As the results in Table 1 show, premium rate increases that far exceed the requested increases are currently actuarially justified. RiverSource Life is requesting premium rate increases at this time that are lower than the current actuarially justified increases, as we believe that it is appropriate to limit the current premium rate increase requests to 49.6% for policies with a lifetime benefit period and 32.5% for policies with non-lifetime benefit periods in order to minimize the impact on policyholders to the extent that we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Department's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Department inform the company prior to approving the requested premium rate increases, as the company would like to amend this filing to request significantly larger premium rate increases at this time.

Premium rate tables with the first and second consecutive requested rate increases are provided in Exhibit 6.

17. Pennsylvania Average Annual Premium (Based on December 31, 2020 Inforce)

	Policies with a Lifetime Benefit Period	Policies with Non-Lifetime Benefit Periods
Before rate increase	\$2,356	\$1,791
After 1st rate increase	\$2,881	\$2,061
After 2nd rate increase	\$3,523	\$2,372

These values assume all previously approved premium rate increases have been fully implemented on all policies.

18. Proposed Effective Date

The premium rate increase will apply to policies on their two consecutive policy anniversary dates following a 60-day notification period.

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

19. Nationwide Distribution of Business (Based on December 31, 2020 Inforce Count)

By Issue Age:

Issue Ages	Percent Distribution
<55	40.7%
55-59	31.3%
60-64	20.0%
65-69	6.6%
70-74	1.3%
75-79	0.1%
>79	0.0%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	18.9%
100-day	81.1%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	2.2%
3-Year	8.5%
4-Year	20.0%
Unlimited	69.3%

By Benefit Increase Option:

Benefit Increase Option	Percent Distribution
None	9.9%
5% Simple	39.5%
5% Compound	50.6%

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

By Gender:

Gender	Percent Distribution
Female	62.7%
Male	37.3%

20. Number of Policyholders

As of December 31, 2020, the number of policies and annual premium inforce assuming all premium rate increases previously approved in Pennsylvania have been fully implemented on all policies in both the state and nationwide, is:

	Number of Insureds	Annual Premium
Pennsylvania:		
Policies with a Lifetime Benefit Period	1,328	\$3,128,217
Policies with Non-Lifetime Benefit Periods	<u>850</u>	<u>1,522,296</u>
Total	2,178	\$4,650,513
Nationwide	34,349	\$71,214,362

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

April 2022

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Pennsylvania and with the rules of the Department. This Actuarial Memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOPs No. 8, 18, 23 and 41.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the State of Pennsylvania. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. This rate filing will progress toward premium adequacy but may not be sufficient to prevent future rate action. Therefore, benefits cannot be certified as reasonable in relation to premiums.



Anju Gupta-Lavey, FSA, MAAA
Senior Director - Actuary
RiverSource Life Insurance Company
Date: April 21, 2022

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Morbidity Assumptions

Original Pricing Assumptions:

RiverSource Life Insurance Company ("RiverSource Life") began marketing nursing home policies with a zero-day prior hospitalization requirement in 1989. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for policies with No Benefit Increase Option . It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit. Claim costs for the 5% Simple and 5% Compound Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.

The following selection factors were used:

Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Morbidity Assumptions							
Current Assumptions:							
Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2019.							
Lifetime Benefit Period Actual-to-Expected Adjustment Factors							
Duration	Issue Age Band						
	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.150	0.580	1.190	1.370	1.990	2.330	2.150
2	0.150	0.580	1.190	1.370	1.990	2.330	2.150
3	0.150	0.580	1.190	1.370	1.990	2.330	2.150
4	0.212	0.604	1.146	1.388	1.950	2.242	2.120
5	0.274	0.628	1.102	1.406	1.910	2.154	2.090
6	0.336	0.652	1.058	1.424	1.870	2.066	2.060
7	0.398	0.676	1.014	1.442	1.830	1.978	2.030
8	0.460	0.700	0.970	1.460	1.790	1.890	2.000
9	0.488	0.708	1.016	1.488	1.772	1.822	1.954
10	0.516	0.716	1.062	1.516	1.754	1.754	1.908
11	0.544	0.724	1.108	1.544	1.736	1.686	1.862
12	0.572	0.732	1.154	1.572	1.718	1.618	1.816
13	0.600	0.740	1.200	1.600	1.700	1.550	1.770
14	0.638	0.826	1.234	1.564	1.640	1.530	1.776
15	0.676	0.912	1.268	1.528	1.580	1.510	1.782
16	0.714	0.998	1.302	1.492	1.520	1.490	1.788
17	0.752	1.084	1.336	1.456	1.460	1.470	1.794
18	0.790	1.170	1.370	1.420	1.400	1.450	1.800
19	0.804	1.212	1.376	1.436	1.412	1.472	1.818
20	0.818	1.254	1.382	1.452	1.424	1.494	1.836
21	0.832	1.296	1.388	1.468	1.436	1.516	1.854
22	0.846	1.338	1.394	1.484	1.448	1.538	1.872
23	0.860	1.380	1.400	1.500	1.460	1.560	1.890
24	0.882	1.380	1.398	1.500	1.470	1.564	1.892
25	0.904	1.380	1.396	1.500	1.480	1.568	1.894
26	0.926	1.380	1.394	1.500	1.490	1.572	1.896
27	0.948	1.380	1.392	1.500	1.500	1.576	1.898
28	0.970	1.380	1.390	1.500	1.510	1.580	1.900
29	0.979	1.380	1.391	1.502	1.511	1.579	1.899
30	0.988	1.380	1.392	1.503	1.512	1.578	1.898
31	0.998	1.380	1.393	1.505	1.513	1.578	1.898
32	1.007	1.380	1.393	1.507	1.513	1.577	1.897
33	1.016	1.380	1.394	1.508	1.514	1.576	1.896
34	1.025	1.380	1.395	1.510	1.515	1.575	1.895
35	1.034	1.380	1.396	1.512	1.516	1.574	1.894
36	1.043	1.380	1.397	1.513	1.517	1.573	1.893
37	1.053	1.380	1.398	1.515	1.518	1.573	1.893
38	1.062	1.380	1.398	1.517	1.518	1.572	1.892
39	1.071	1.380	1.399	1.518	1.519	1.571	1.891
40+	1.080	1.380	1.400	1.520	1.520	1.570	1.890

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Morbidity Assumptions								
Current Assumptions:								
Non-Lifetime Benefit Periods Actual-to-Expected Adjustment Factors								
Duration	Issue Age Band							
	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.100	0.280	0.440	0.650	0.730	1.430	1.700	1.940
2	0.100	0.280	0.440	0.650	0.730	1.430	1.700	1.940
3	0.100	0.280	0.440	0.650	0.730	1.430	1.700	1.940
4	0.118	0.294	0.486	0.672	0.778	1.416	1.664	1.904
5	0.136	0.308	0.532	0.694	0.826	1.402	1.628	1.868
6	0.154	0.322	0.578	0.716	0.874	1.388	1.592	1.832
7	0.172	0.336	0.624	0.738	0.922	1.374	1.556	1.796
8	0.190	0.350	0.670	0.760	0.970	1.360	1.520	1.760
9	0.242	0.358	0.678	0.800	1.008	1.344	1.506	1.766
10	0.294	0.366	0.686	0.840	1.046	1.328	1.492	1.772
11	0.346	0.374	0.694	0.880	1.084	1.312	1.478	1.778
12	0.398	0.382	0.702	0.920	1.122	1.296	1.464	1.784
13	0.450	0.390	0.710	0.960	1.160	1.280	1.450	1.790
14	0.456	0.462	0.756	1.010	1.162	1.286	1.448	1.818
15	0.462	0.534	0.802	1.060	1.164	1.292	1.446	1.846
16	0.468	0.606	0.848	1.110	1.166	1.298	1.444	1.874
17	0.474	0.678	0.894	1.160	1.168	1.304	1.442	1.902
18	0.480	0.750	0.940	1.210	1.170	1.310	1.440	1.930
19	0.526	0.774	0.978	1.224	1.188	1.314	1.448	1.954
20	0.572	0.798	1.016	1.238	1.206	1.318	1.456	1.978
21	0.618	0.822	1.054	1.252	1.224	1.322	1.464	2.002
22	0.664	0.846	1.092	1.266	1.242	1.326	1.472	2.026
23	0.710	0.870	1.130	1.280	1.260	1.330	1.480	2.050
24	0.754	0.882	1.140	1.280	1.272	1.348	1.480	2.050
25	0.798	0.894	1.150	1.280	1.284	1.366	1.480	2.050
26	0.842	0.906	1.160	1.280	1.296	1.384	1.480	2.050
27	0.886	0.918	1.170	1.280	1.308	1.402	1.480	2.050
28	0.930	0.930	1.180	1.280	1.320	1.420	1.480	2.050
29	0.938	0.938	1.180	1.280	1.321	1.421	1.480	2.050
30	0.947	0.947	1.180	1.280	1.322	1.422	1.480	2.050
31	0.955	0.955	1.180	1.280	1.323	1.423	1.480	2.050
32	0.963	0.963	1.180	1.280	1.323	1.423	1.480	2.050
33	0.972	0.972	1.180	1.280	1.324	1.424	1.480	2.050
34	0.980	0.980	1.180	1.280	1.325	1.425	1.480	2.050
35	0.988	0.988	1.180	1.280	1.326	1.426	1.480	2.050
36	0.997	0.997	1.180	1.280	1.327	1.427	1.480	2.050
37	1.005	1.005	1.180	1.280	1.328	1.428	1.480	2.050
38	1.013	1.013	1.180	1.280	1.328	1.428	1.480	2.050
39	1.022	1.022	1.180	1.280	1.329	1.429	1.480	2.050
40+	1.030	1.030	1.180	1.280	1.330	1.430	1.480	2.050

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Mortality Assumptions						
Original Pricing Assumptions:						
1983 Individual Annuity Mortality Basic Table						
Current Assumptions:						
1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience						
Mortality Actual-to-Expected Adjustment Factors						
Duration	Issue Age Band					
	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	54%	65%	66%	74%	73%	88%
11	54%	65%	70%	78%	74%	88%
12	54%	65%	70%	78%	86%	89%
13	54%	65%	70%	82%	86%	92%
14	54%	65%	70%	85%	86%	92%
15	54%	65%	72%	85%	93%	94%
16	54%	65%	76%	85%	93%	98%
17	57%	65%	76%	87%	97%	98%
18	57%	65%	78%	93%	101%	99%
19	59%	68%	78%	93%	101%	99%
20	59%	69%	82%	95%	101%	99%
21	64%	74%	82%	96%	110%	108%
22	64%	78%	90%	107%	110%	110%
23	64%	78%	90%	108%	110%	110%
24	71%	82%	90%	108%	110%	110%
25	77%	84%	94%	108%	110%	110%
26	77%	88%	102%	108%	110%	110%
27	78%	94%	102%	108%	110%	110%
28	85%	94%	102%	108%	110%	110%
29	85%	94%	102%	108%	110%	110%
30	90%	98%	102%	108%	110%	110%
31	90%	100%	102%	108%	110%	110%
32	95%	100%	102%	108%	110%	110%
33	95%	100%	102%	108%	110%	110%
34	95%	100%	102%	108%	110%	110%
35+	100%	100%	102%	108%	110%	110%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Lapse Assumptions																	
Original Pricing Assumptions:																	
		<table><tr><th>Duration</th><th>Rate</th></tr><tr><td>1</td><td>8%</td></tr><tr><td>2</td><td>7%</td></tr><tr><td>3</td><td>6%</td></tr><tr><td>4+</td><td>5%</td></tr></table>		Duration	Rate	1	8%	2	7%	3	6%	4+	5%				
Duration	Rate																
1	8%																
2	7%																
3	6%																
4+	5%																
Current Assumptions:																	
Lifetime Benefit Period				Non-Lifetime Benefit Periods													
Duration	Issue Age Band			Duration	Issue Age Band												
	<63	63-72	73+		<63	63-72	73+										
1	7.15%	7.20%	7.20%	1	6.80%	7.03%	5.30%										
2	6.75%	4.85%	3.60%	2	5.86%	4.77%	4.60%										
3	5.00%	3.75%	3.60%	3	4.06%	3.28%	3.05%										
4	3.75%	2.80%	1.95%	4	3.03%	2.84%	2.88%										
5	2.70%	2.05%	1.40%	5	2.26%	1.91%	2.10%										
6	1.92%	1.73%	1.40%	6	1.67%	1.83%	1.90%										
7	1.55%	1.20%	1.40%	7	1.46%	1.41%	1.70%										
8	1.11%	1.16%	1.30%	8	1.13%	1.36%	1.70%										
9	1.07%	1.16%	1.10%	9	1.03%	1.24%	1.70%										
10	0.89%	1.16%	1.10%	10	0.86%	1.20%	1.98%										
11	0.88%	1.16%	1.10%	11	0.90%	1.20%	1.98%										
12	0.67%	0.88%	1.40%	12	0.90%	1.15%	2.10%										
13	0.67%	0.88%	1.40%	13	0.73%	1.15%	2.10%										
14	0.67%	0.88%	1.45%	14	0.73%	1.15%	2.20%										
15	0.67%	0.99%	1.45%	15	0.72%	1.13%	2.20%										
16	0.60%	0.99%	1.75%	16	0.73%	1.13%	2.50%										
17	0.60%	0.99%	1.75%	17	0.73%	1.25%	2.50%										
18	0.55%	1.20%	1.80%	18	0.75%	1.25%	2.50%										
19	0.55%	1.20%	1.80%	19	0.77%	1.58%	2.50%										
20	0.55%	1.20%	1.90%	20	0.80%	1.68%	2.50%										
21	0.60%	1.20%	1.90%	21	0.85%	1.75%	2.50%										
22	0.65%	1.20%	2.00%	22	0.90%	1.75%	2.50%										
23	0.70%	1.20%	2.00%	23	0.95%	1.80%	2.50%										
24	0.75%	1.25%	2.00%	24	1.00%	1.80%	2.50%										
25	0.85%	1.25%	2.00%	25	1.05%	1.85%	2.50%										
26	0.90%	1.25%	2.00%	26	1.15%	1.85%	2.50%										
27	0.95%	1.25%	2.00%	27	1.25%	1.90%	2.50%										
28	0.95%	1.25%	2.00%	28	1.30%	1.90%	2.50%										
29	0.95%	1.25%	2.00%	29	1.30%	1.90%	2.50%										
30	0.95%	1.30%	2.00%	30	1.35%	1.90%	2.50%										
31	1.00%	1.30%	2.00%	31	1.35%	1.90%	2.50%										
32	1.05%	1.30%	2.00%	32	1.40%	1.90%	2.50%										
33	1.10%	1.30%	2.00%	33	1.40%	1.90%	2.50%										
34	1.10%	1.30%	2.00%	34	1.40%	1.90%	2.50%										
35	1.10%	1.35%	2.00%	35	1.40%	1.90%	2.50%										
36	1.10%	1.35%	2.00%	36	1.40%	1.90%	2.50%										
37	1.10%	1.35%	2.00%	37	1.40%	1.90%	2.50%										
38	1.10%	1.35%	2.00%	38	1.40%	1.90%	2.50%										
39	1.10%	1.35%	2.00%	39	1.40%	1.90%	2.50%										
40+	1.10%	1.40%	2.00%	40+	1.40%	1.90%	2.50%										

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Benefit Expiry Assumptions for Policies with Non-Lifetime Benefit Periods				
Original Pricing Assumptions: N/A				
Current Assumptions:				
Duration	Issue Age Band			
	<63	63-72	73+	
1	0.00%	0.00%	0.00%	
2	0.00%	0.00%	0.00%	
3	0.00%	0.00%	0.00%	
4	0.00%	0.00%	0.02%	
5	0.00%	0.00%	0.10%	
6	0.00%	0.02%	0.20%	
7	0.00%	0.05%	0.54%	
8	0.00%	0.05%	0.57%	
9	0.00%	0.08%	0.73%	
10	0.01%	0.10%	1.19%	
11	0.01%	0.10%	1.45%	
12	0.01%	0.20%	1.65%	
13	0.02%	0.20%	1.65%	
14	0.02%	0.20%	2.40%	
15	0.02%	0.42%	2.40%	
16	0.02%	0.42%	2.60%	
17	0.02%	0.55%	2.60%	
18	0.05%	0.55%	3.40%	
19	0.05%	0.70%	3.50%	
20	0.05%	0.85%	3.60%	
21	0.15%	1.10%	3.60%	
22	0.15%	1.20%	3.60%	
23	0.20%	1.60%	3.60%	
24	0.20%	1.60%	3.60%	
25	0.30%	1.85%	3.60%	
26	0.30%	2.00%	3.60%	
27	0.30%	2.10%	3.60%	
28	0.60%	2.30%	3.60%	
29	1.00%	2.50%	3.60%	
30	1.20%	2.60%	3.60%	
31	1.50%	2.60%	3.60%	
32	1.70%	2.60%	3.60%	
33	1.80%	2.60%	3.60%	
34	1.90%	2.60%	3.60%	
35	2.00%	2.60%	3.60%	
36+	2.10%	2.60%	3.60%	

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Premium Rate Increase Filing Assumptions
Policy Form 30225

Policyholder Behavior Related to Premium Rate Increases		
A reduction in benefits of 2.00% for policies with a lifetime benefit period and 1.75% for policies with non-lifetime benefit periods in the first year of premium increase notification is assumed, and it is assumed that there will be an additional reduction in benefits of 1.75% for all policies in the second year of the multi-year premium rate increase. It is also assumed that an additional 0.7% of all inforce policyholders will lapse each year due to exercising the contingent nonforfeiture benefit option. The following adverse selection factors from the total impact of reducing the daily benefit amount and exercising the contingent nonforfeiture benefit are used:		
Year of Premium Increase Notification	Lifetime Benefit Period	Non-Lifetime Benefit Periods
1	2.70%	2.45%
2	2.70%	2.45%
3	0.70%	0.45%
4	0.00%	0.00%

Interest Rate Assumptions	
Original Pricing Assumption:	5.00%
Current Assumption:	4.50%

Exhibit 2
RiverSource Life Insurance Company
Nationwide Nursing Home Claim Experience
For Policy Anniversaries through 2019
All Policies Issued under Policy Form 30225
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION												
Duration	Lifetime Benefit Period				Non-Lifetime Benefit Periods				All			
	Actual	Expected	A/E	# Claims	Actual	Expected	A/E	# Claims	Actual	Expected	A/E	# Claims
1	2,036,818	3,782,891	53.8%	34	1,605,973	2,490,087	64.5%	43	3,642,792	6,272,979	58.1%	77
2	5,415,670	5,272,224	102.7%	56	2,545,713	3,358,604	75.8%	54	7,961,383	8,630,828	92.2%	110
3	7,628,993	7,095,849	107.5%	91	5,021,481	4,406,348	114.0%	110	12,650,474	11,502,196	110.0%	201
4	12,440,117	9,223,838	134.9%	119	6,241,530	5,640,843	110.6%	132	18,681,647	14,864,681	125.7%	251
5	16,072,339	11,807,404	136.1%	137	7,680,438	7,146,497	107.5%	162	23,752,777	18,953,902	125.3%	299
6	12,584,226	14,821,499	84.9%	149	10,726,623	8,934,107	120.1%	217	23,310,850	23,755,605	98.1%	366
7	19,648,197	18,351,537	107.1%	192	11,299,949	10,923,135	103.4%	235	30,948,146	29,274,673	105.7%	427
8	18,748,060	20,359,227	92.1%	215	10,806,302	11,924,992	90.6%	242	29,554,362	32,284,219	91.5%	457
9	25,358,426	22,723,288	111.6%	253	12,168,900	12,780,883	95.2%	261	37,527,326	35,504,171	105.7%	514
10	27,782,849	25,302,390	109.8%	281	13,519,294	13,583,323	99.5%	246	41,302,143	38,885,713	106.2%	527
11	27,524,296	28,186,716	97.6%	299	16,965,586	14,512,333	116.9%	295	44,489,882	42,699,049	104.2%	594
12	33,250,122	31,454,943	105.7%	331	16,226,912	15,552,205	104.3%	290	49,477,034	47,007,148	105.3%	621
13	35,536,681	35,113,703	101.2%	371	15,592,802	16,674,602	93.5%	309	51,129,483	51,788,304	98.7%	680
14	41,102,860	38,980,638	105.4%	419	15,499,543	18,074,218	85.8%	307	56,602,404	57,054,856	99.2%	726
15	45,981,531	43,176,148	106.5%	422	20,193,674	19,647,115	102.8%	369	66,175,204	62,823,263	105.3%	791
16	45,470,282	47,728,229	95.3%	496	22,289,337	21,370,651	104.3%	386	67,759,619	69,098,880	98.1%	882
17	52,809,404	52,925,259	99.8%	533	22,934,487	23,516,560	97.5%	397	75,743,891	76,441,819	99.1%	930
18	56,769,319	58,526,257	97.0%	609	23,238,064	25,574,230	90.9%	383	80,007,384	84,100,488	95.1%	992
19	64,665,622	64,985,419	99.5%	562	27,766,269	27,278,061	101.8%	438	92,431,891	92,263,481	100.2%	1,000
20	74,651,431	71,680,808	104.1%	632	31,240,111	29,052,276	107.5%	472	105,891,541	100,733,085	105.1%	1,104
21	78,787,064	78,013,411	101.0%	693	27,591,261	30,336,683	91.0%	419	106,378,325	108,350,094	98.2%	1,112
22	74,822,843	77,957,040	96.0%	662	32,469,255	29,390,922	110.5%	415	107,292,097	107,347,962	99.9%	1,077
23	56,832,709	67,192,733	84.6%	491	23,707,050	25,514,047	92.9%	317	80,539,759	92,706,780	86.9%	808
24	36,032,305	42,745,288	84.3%	335	15,273,366	16,230,067	94.1%	207	51,305,672	58,975,355	87.0%	542
25	22,712,950	24,477,795	92.8%	194	7,849,312	8,600,673	91.3%	130	30,562,262	33,078,468	92.4%	324
26	8,734,581	9,477,722	92.2%	75	3,125,254	3,180,325	98.3%	44	11,859,834	12,658,046	93.7%	119
27	0	13,362	0.0%	0	0	0	0.0%	0	0	13,362	0.0%	0
Total	903,399,696	911,375,619	99.1%	8,651	403,578,485	405,693,789	99.5%	6,880	1,306,978,181	1,317,069,408	99.2%	15,531

SPLIT BY BENEFIT PERIOD AND ISSUE AGE												
Issue Age	Lifetime Benefit Period				Non-Lifetime Benefit Periods				All			
	Actual	Expected	A/E	# Claims	Actual	Expected	A/E	# Claims	Actual	Expected	A/E	# Claims
<43	1,208,298	605,468	199.6%	3	0	47,700	0.0%	0	1,208,298	653,169	185.0%	3
43-47	4,499,012	3,709,452	121.3%	22	542,283	309,627	175.1%	4	5,041,295	4,019,078	125.4%	26
48-52	35,138,191	33,773,144	104.0%	238	4,675,078	4,574,438	102.2%	64	39,813,269	38,347,582	103.8%	302
53-57	135,211,136	136,786,676	98.8%	947	23,784,531	22,771,922	104.4%	282	158,995,667	159,558,599	99.6%	1,229
58-62	232,639,814	236,429,181	98.4%	1,880	68,095,604	72,010,013	94.6%	906	300,735,418	308,439,194	97.5%	2,786
63-67	237,194,510	230,314,793	103.0%	2,343	111,257,606	110,146,724	101.0%	1,673	348,452,116	340,461,517	102.3%	4,016
68-72	156,967,822	163,429,315	96.0%	1,884	87,259,225	90,082,003	96.9%	1,634	244,227,047	253,511,318	96.3%	3,518
73-77	81,938,649	85,740,422	95.6%	1,076	65,666,197	64,155,980	102.4%	1,330	147,604,846	149,896,402	98.5%	2,406
78-82	18,602,264	20,587,167	90.4%	258	33,472,045	32,126,336	104.2%	766	52,074,309	52,713,504	98.8%	1,024
83+	0	0	0.0%	0	8,825,916	9,469,046	93.2%	221	8,825,916	9,469,046	93.2%	221
Total	903,399,696	911,375,619	99.1%	8,651	403,578,485	405,693,789	99.5%	6,880	1,306,978,181	1,317,069,408	99.2%	15,531

Exhibit 3
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2019
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	799	101%	12
6	1,130	1,114	101%	16
7	1,473	1,433	103%	40
8	1,733	1,725	100%	8
9	2,159	2,174	99%	(15)
10	2,643	2,646	100%	(3)
11	3,209	3,177	101%	32
12	3,486	3,474	100%	12
13	3,670	3,652	100%	18
14	3,798	3,796	100%	2
15	3,917	3,990	98%	(73)
16	4,148	4,143	100%	5
17	4,246	4,274	99%	(28)
18	4,240	4,233	100%	7
19	3,988	4,022	99%	(34)
20	3,756	3,741	100%	15
21	3,427	3,405	101%	22
22	3,105	3,109	100%	(4)
23	2,710	2,692	101%	18
24	2,116	2,112	100%	4
25	1,648	1,655	100%	(7)
26	1,308	1,308	100%	(0)
27	1,000	977	102%	23
28	648	653	99%	(5)
29	369	342	108%	27
30	50	48	103%	2
Total	66,053	65,953	100%	100

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	43	47	91%	(4)
43-47	258	285	91%	(27)
48-52	1,916	1,979	97%	(63)
53-57	5,999	5,840	103%	159
58-62	13,076	13,076	100%	(0)
63-67	17,761	17,730	100%	31
68-72	14,971	14,956	100%	15
73-77	8,576	8,563	100%	13
78-82	3,050	3,079	99%	(29)
83+	403	399	101%	4
Total	66,053	65,953	100%	100

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
66,053	65,953	100%	100

Exhibit 4
RiverSource Life Insurance Company
Long-Term Care Lapse Experience (Excludes Policy Terminations due to Expiration of Benefits)
For Policy Anniversaries in 2000 through Policy Anniversaries in 2019
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD																					
Duration		Issue Ages 35-62					Issue Ages 63-72					Issue Ages 73+					All Issue Ages				
		Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected
1		1,358	18,951	7.17%	7.15%	100%	263	3,623	7.26%	7.20%	101%	37	514	7.20%	7.20%	100%	1,658	23,087	7.18%	7.16%	100%
2		1,669	24,744	6.75%	6.75%	100%	265	5,490	4.83%	4.85%	100%	30	830	3.61%	3.60%	100%	1,964	31,064	6.32%	6.33%	100%
3		1,552	31,053	5.00%	5.00%	100%	287	7,628	3.76%	3.75%	100%	42	1,166	3.60%	3.60%	100%	1,881	39,847	4.72%	4.72%	100%
4		1,416	37,576	3.77%	3.75%	100%	265	9,470	2.80%	2.80%	100%	29	1,433	2.02%	1.95%	104%	1,710	48,479	3.53%	3.51%	100%
5		1,271	46,475	2.73%	2.70%	101%	254	12,463	2.04%	2.05%	99%	27	1,951	1.38%	1.40%	99%	1,552	60,889	2.55%	2.53%	101%
6		972	50,253	1.93%	1.92%	101%	254	14,697	1.73%	1.73%	100%	31	2,413	1.28%	1.40%	92%	1,257	67,363	1.87%	1.86%	100%
7		787	50,781	1.55%	1.55%	100%	197	15,849	1.24%	1.20%	104%	47	2,684	1.75%	1.40%	125%	1,031	69,314	1.49%	1.46%	102%
8		554	49,037	1.13%	1.11%	102%	196	16,540	1.19%	1.16%	102%	38	2,784	1.36%	1.30%	105%	788	68,361	1.15%	1.13%	102%
9		498	45,664	1.09%	1.07%	102%	187	16,671	1.12%	1.16%	97%	31	2,814	1.10%	1.10%	100%	716	65,150	1.10%	1.09%	100%
10		375	41,274	0.91%	0.89%	102%	211	16,907	1.25%	1.16%	108%	32	2,875	1.11%	1.10%	101%	618	61,056	1.01%	0.97%	104%
11		360	40,324	0.89%	0.88%	101%	200	18,630	1.07%	1.16%	93%	34	3,247	1.05%	1.10%	95%	594	62,200	0.95%	0.98%	98%
12		245	35,890	0.68%	0.67%	102%	155	17,609	0.88%	0.88%	100%	43	2,976	1.45%	1.40%	103%	443	56,475	0.78%	0.77%	101%
13		234	33,838	0.69%	0.67%	103%	144	16,086	0.90%	0.88%	102%	32	2,525	1.27%	1.40%	91%	410	52,449	0.78%	0.77%	102%
14		212	32,061	0.66%	0.67%	99%	119	13,923	0.85%	0.88%	97%	31	1,980	1.57%	1.45%	108%	362	47,964	0.75%	0.76%	99%
15		181	29,329	0.62%	0.67%	92%	116	11,536	1.01%	0.99%	102%	20	1,500	1.33%	1.45%	92%	317	42,365	0.75%	0.78%	95%
16		172	28,166	0.61%	0.60%	102%	98	9,959	0.98%	0.99%	99%	25	1,154	2.17%	1.75%	124%	295	39,280	0.75%	0.73%	103%
17		174	28,993	0.60%	0.60%	100%	95	9,829	0.97%	0.99%	98%	23	1,012	2.27%	1.75%	130%	292	39,834	0.73%	0.73%	101%
18		154	26,886	0.57%	0.55%	104%	102	8,704	1.17%	1.20%	98%	19	755	2.52%	1.80%	140%	275	36,345	0.76%	0.73%	103%
19		118	23,587	0.50%	0.55%	91%	83	7,041	1.18%	1.20%	98%	6	540	1.11%	1.80%	62%	207	31,168	0.66%	0.72%	92%
20		117	21,126	0.55%	0.55%	101%	73	6,152	1.19%	1.20%	99%	6	394	1.52%	1.90%	80%	196	27,672	0.71%	0.71%	99%
21		122	19,967	0.61%	0.60%	102%	75	6,266	1.20%	1.20%	100%	10	344	2.91%	1.90%	153%	207	26,577	0.78%	0.76%	103%
22		111	16,656	0.67%	0.65%	103%	49	5,652	0.87%	1.20%	72%	10	310	3.23%	2.00%	161%	170	22,618	0.75%	0.81%	93%
23		80	13,069	0.61%	0.70%	87%	50	4,234	1.18%	1.20%	98%	6	190	3.16%	2.00%	158%	136	17,492	0.78%	0.84%	93%
24		63	8,088	0.78%	0.75%	104%	55	2,800	1.96%	1.25%	157%	3	95	3.14%	2.00%	157%	121	10,984	1.10%	0.89%	124%
25		50	5,274	0.95%	0.85%	112%	29	1,844	1.57%	1.25%	126%	3	52	5.80%	2.00%	290%	82	7,169	1.14%	0.96%	119%
26		27	3,973	0.68%	0.90%	76%	21	1,651	1.27%	1.25%	102%	0	43	0.00%	2.00%	0%	48	5,667	0.85%	1.01%	84%
27		27	2,561	1.05%	0.95%	111%	21	1,085	1.93%	1.25%	155%	0	25	0.00%	2.00%	0%	48	3,671	1.31%	1.05%	125%
28		17	2,015	0.84%	0.95%	89%	17	826	2.06%	1.25%	165%	0	11	0.00%	2.00%	0%	34	2,852	1.19%	1.04%	115%
29		17	1,128	1.51%	0.95%	159%	5	441	1.13%	1.25%	91%	0	6	0.00%	2.00%	0%	22	1,576	1.40%	1.04%	135%
30		4	137	2.92%	0.95%	308%	1	45	2.20%	1.30%	170%	0	0	0.00%	0.00%	0%	5	182	2.74%	1.04%	265%
All Durations		12,937	768,878	1.68%	1.68%	100%	3,887	263,651	1.47%	1.47%	100%	615	36,622	1.68%	1.60%	105%	17,439	1,069,150	1.63%	1.62%	101%
Durations 8 and later		3,912	509,044	0.77%	0.76%	101%	2,102	194,432	1.08%	1.08%	100%	372	25,631	1.45%	1.37%	106%	6,386	729,107	0.88%	0.87%	101%

NON-LIFETIME BENEFIT PERIODS																				
Issue Ages 35-62						Issue Ages 63-72					Issue Ages 73+					All Issue Ages				
Duration	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected
1	1,941	28,555	6.80%	6.80%	100%	683	9,728	7.02%	7.03%	100%	116	2,171	5.34%	5.30%	101%	2,740	40,455	6.77%	6.77%	100%
2	2,079	35,458	5.86%	5.86%	100%	644	13,520	4.76%	4.77%	100%	151	3,279	4.61%	4.60%	100%	2,874	52,256	5.50%	5.50%	100%
3	1,599	39,357	4.06%	4.06%	100%	542	16,507	3.28%	3.28%	100%	128	4,186	3.06%	3.05%	100%	2,269	60,049	3.78%	3.78%	100%
4	1,227	40,552	3.03%	3.03%	100%	503	17,758	2.83%	2.84%	100%	133	4,614	2.88%	2.88%	100%	1,863	62,924	2.96%	2.97%	100%
5	977	43,249	2.26%	2.26%	100%	390	20,421	1.91%	1.91%	100%	122	5,575	2.19%	2.10%	104%	1,489	69,244	2.15%	2.14%	100%
6	719	43,008	1.67%	1.67%	100%	406	22,204	1.83%	1.83%	100%	117	6,407	1.83%	1.90%	96%	1,242	71,619	1.73%	1.74%	100%
7	585	40,226	1.45%	1.46%	100%	315	22,375	1.41%	1.41%	100%	113	6,660	1.70%	1.70%	100%	1,013	69,261	1.46%	1.47%	100%
8	437	38,637	1.13%	1.13%	100%	305	22,451	1.36%	1.36%	100%	116	6,582	1.76%	1.70%	104%	858	67,670	1.27%	1.26%	100%
9	384	37,558	1.02%	1.03%	99%	272	22,073	1.23%	1.24%	99%	103	6,295	1.64%	1.70%	96%	759	65,926	1.15%	1.16%	99%
10	275	32,273	0.85%	0.86%	99%	207	20,575	1.01%	1.20%	84%	117	5,858	2.00%	1.98%	101%	599	58,707	1.02%	1.09%	94%
11	264	29,373	0.90%	0.90%	100%	271	20,494	1.32%	1.20%	110%	113	5,730	1.97%	1.98%	100%	648	55,596	1.17%	1.12%	104%
12	255	27,909	0.91%	0.90%	102%	220	19,306	1.14%	1.15%	99%	111	5,033	2.21%	2.10%	105%	586	52,248	1.12%	1.11%	101%
13	213	29,076	0.73%	0.73%	100%	217	18,483	1.17%	1.15%	102%	85	4,354	1.95%	2.10%	93%	515	51,912	0.99%	0.99%	100%
14	205	27,430	0.75%	0.73%	102%	182	16,587	1.10%	1.15%	95%	87	3,494	2.49%	2.20%	113%	474	47,511	1.00%	0.98%	101%
15	169	25,226	0.67%	0.72%	93%	168	14,433	1.16%	1.13%	103%	56	2,646	2.12%	2.20%	96%	393	42,305	0.93%	0.95%	98%
16	164	24,228	0.68%	0.73%	93%	143	12,758	1.12%	1.13%	99%	51	2,102	2.43%	2.50%	97%	358	39,088	0.92%	0.96%	96%
17	166	23,502	0.71%	0.73%	97%	153	11,925	1.28%	1.25%	103%	38	1,783	2.13%	2.50%	85%	357	37,210	0.96%	0.98%	98%
18	153	19,692	0.78%	0.75%	104%	123	10,216	1.20%	1.25%	96%	43	1,378	3.12%	2.50%	125%	319	31,285	1.02%	0.99%	103%
19	125	15,855	0.79%	0.77%	102%	126	8,231	1.53%	1.58%	97%	28	946	2.96%	2.50%	118%	279	25,032	1.11%	1.10%	101%
20	92	12,829	0.72%	0.80%	90%	117	6,848	1.71%	1.68%	102%	18	700	2.57%	2.50%	103%	227	20,378	1.11%	1.15%	97%
21	85	9,813	0.87%	0.85%	102%	99	5,870	1.69%	1.75%	96%	13	497	2.62%	2.50%	105%	197	16,181	1.22%	1.23%	99%
22	69	7,116	0.97%	0.90%	108%	89	4,510	1.97%	1.75%	113%	14	347	4.03%	2.50%	161%	172	11,974	1.44%	1.27%	113%
23	54	5,789	0.93%	0.95%	98%	65	3,499	1.86%	1.80%	103%	11	211	5.22%	2.50%	209%	130	9,499	1.37%	1.30%	105%
24	33	3,792	0.87%	1.00%	87%	36	2,288	1.57%	1.80%	87%	7	111	6.32%	2.50%	253%	76	6,191	1.23%	1.32%	93%
25	44	2,511	1.75%	1.05%	167%	33	1,502	2.20%	1.85%	119%	1	62	1.62%	2.50%	65%	78	4,074	1.91%	1.37%	140%
26	14	1,890	0.74%	1.15%	64%	34	1,207	2.82%	1.85%	152%	3	36	8.31%	2.50%	332%	51	3,133	1.63%	1.44%	113%
27	13	1,147	1.13%	1.25%	91%	19	753	2.52%	1.90%	133%	1	19	5.30%	2.50%	212%	33	1,919	1.72%	1.52%	113%
28	16	773	2.07%	1.30%	159%	15	479	3.13%	1.90%	165%	0	14	0.00%	2.50%	0%	31	1,266	2.45%	1.54%	159%
29	7	401	1.75%	1.30%	134%	9	212	4.24%	1.90%	223%	1	4	26.67%	2.50%	1067%	17	617	2.76%	1.51%	182%
30	0	67	0.00%	1.35%	0%	1	23	4.26%	1.90%	224%	0	0	0.00%	0.00%	0%	1	91	1.10%	1.49%	74%
All Durations	12,364	647,292	1.91%	1.91%	100%	6,387	347,236	1.84%	1.84%	100%	1,897	81,092	2.34%	2.30%	102%	20,648	1,075,620	1.92%	1.92%	100%
Durations 8 and later	3,237	376,888	0.86%	0.86%	100%	2,904	224,723	1.29%	1.29%	100%	1,017	48,201	2.11%	2.05%	103%	7,158	649,812	1.10%	1.10%	100%

Exhibit 5(i)
RiverSource Life Insurance Company
Nationwide Experience for Policies with a Lifetime Benefit Period
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	508	0	0.0%	8	4.50%	3.5060
	1993	1,701,830	145,660	8.6%	5,709,712	488,695	8.6%	5,547	4.50%	3.3550
	1994	8,244,771	1,029,658	12.5%	26,470,386	3,305,787	12.5%	14,646	4.50%	3.2106
	1995	16,955,964	2,410,070	14.2%	52,094,023	7,404,489	14.2%	25,976	4.50%	3.0723
	1996	27,347,967	4,863,138	17.8%	80,403,354	14,297,685	17.8%	41,572	4.50%	2.9400
	1997	38,932,431	4,985,170	12.8%	109,532,839	14,025,321	12.8%	51,729	4.50%	2.8134
	1998	45,469,729	9,225,298	20.3%	122,416,202	24,836,875	20.3%	53,643	4.50%	2.6923
	1999	44,475,577	12,459,040	28.0%	114,583,435	32,098,505	28.0%	51,377	4.50%	2.5763
	2000	42,670,470	11,198,523	26.2%	105,198,944	27,608,620	26.2%	49,619	4.50%	2.4654
	2001	41,098,474	15,913,881	38.7%	96,960,167	37,544,278	38.7%	48,197	4.50%	2.3592
	2002	39,833,901	22,667,735	56.9%	89,929,922	51,175,195	56.9%	47,014	4.50%	2.2576
	2003	38,571,359	23,925,553	62.0%	83,329,740	51,688,874	62.0%	45,909	4.50%	2.1604
	2004	37,580,390	22,813,042	60.7%	77,692,676	47,163,061	60.7%	44,968	4.50%	2.0674
	2005	38,078,990	19,828,222	52.1%	75,333,461	39,227,107	52.1%	43,489	4.50%	1.9783
	2006	44,483,031	30,317,806	68.2%	84,213,280	57,396,311	68.2%	42,259	4.50%	1.8932
	2007	43,084,858	33,406,815	77.5%	78,053,896	60,520,847	77.5%	41,281	4.50%	1.8116
	2008	42,366,240	33,851,175	79.9%	73,446,914	58,685,036	79.9%	40,027	4.50%	1.7336
	2009	45,040,533	37,251,678	82.7%	74,720,688	61,799,247	82.7%	38,638	4.50%	1.6590
	2010	46,717,788	36,738,811	78.6%	74,165,737	58,323,845	78.6%	37,471	4.50%	1.5875
	2011	46,251,495	54,379,562	117.6%	70,263,623	82,611,491	117.6%	36,270	4.50%	1.5192
	2012	47,322,928	50,547,915	106.8%	68,795,507	73,483,818	106.8%	35,033	4.50%	1.4537
Projected Future Experience	2013	45,810,329	58,729,292	128.2%	63,728,778	81,700,919	128.2%	33,826	4.50%	1.3911
	2014	48,396,125	66,060,024	136.5%	64,426,788	87,941,651	136.5%	32,627	4.50%	1.3312
	2015	46,714,577	70,390,799	150.7%	59,510,283	89,671,718	150.7%	31,405	4.50%	1.2739
	2016	48,173,268	72,711,002	150.9%	58,725,865	88,638,712	150.9%	30,126	4.50%	1.2191
	2017	47,927,650	76,319,557	159.2%	55,910,471	89,031,329	159.2%	28,847	4.50%	1.1666
	2018	47,714,662	83,682,285	175.4%	53,265,079	93,416,643	175.4%	27,639	4.50%	1.1163
	2019	45,702,489	90,622,960	198.3%	48,821,857	96,808,319	198.3%	25,650	4.50%	1.0683
	2020	44,757,411	82,586,793	184.5%	45,753,371	84,424,549	184.5%	23,812	4.50%	1.0223
	2021	43,594,890	120,090,113	275.5%	42,645,916	117,475,989	275.5%	22,296	4.50%	0.9782
	2022	45,405,363	126,279,180	278.1%	42,504,285	118,210,843	278.1%	20,801	4.50%	0.9361
	2023	42,276,054	131,990,967	312.2%	37,870,734	118,237,023	312.2%	19,347	4.50%	0.8958
	2024	38,592,683	137,098,018	355.2%	33,082,472	117,523,349	355.2%	17,890	4.50%	0.8572
	2025	35,023,478	141,598,346	404.3%	28,730,023	116,154,188	404.3%	16,442	4.50%	0.8203
	2026	31,588,683	145,797,448	461.5%	24,796,588	114,448,558	461.5%	15,012	4.50%	0.7850
	2027	28,305,052	149,122,998	526.8%	21,262,194	112,018,239	526.8%	13,613	4.50%	0.7512
	2028	25,189,093	151,195,415	600.2%	18,106,744	108,684,207	600.2%	12,254	4.50%	0.7188
	2029	22,257,615	151,879,522	682.4%	15,310,527	104,474,609	682.4%	10,947	4.50%	0.6879
	2030	19,527,039	151,164,246	774.1%	12,853,803	99,504,867	774.1%	9,706	4.50%	0.6583
	2031	17,004,746	148,991,841	876.2%	10,711,471	93,851,547	876.2%	8,536	4.50%	0.6299
	2032	14,693,505	145,257,642	988.6%	8,857,029	87,559,173	988.6%	7,446	4.50%	0.6028
	2033	12,599,303	139,967,943	1110.9%	7,267,631	80,737,435	1110.9%	6,443	4.50%	0.5768
	2034	10,722,532	133,152,547	1241.8%	5,918,715	73,498,683	1241.8%	5,531	4.50%	0.5520
	2035	9,055,503	124,983,871	1380.2%	4,783,286	66,018,820	1380.2%	4,709	4.50%	0.5282
	2036	7,587,329	115,672,203	1524.5%	3,835,186	58,469,113	1524.5%	3,974	4.50%	0.5055
	2037	6,305,597	105,477,785	1672.8%	3,050,053	51,020,206	1672.8%	3,325	4.50%	0.4837
	2038	5,196,728	94,853,356	1825.3%	2,405,442	43,905,368	1825.3%	2,757	4.50%	0.4629
	2039	4,246,315	84,221,635	1983.4%	1,880,879	37,305,451	1983.4%	2,265	4.50%	0.4429
	2040	3,439,455	73,898,588	2148.6%	1,457,881	31,323,370	2148.6%	1,843	4.50%	0.4239
	2041	2,761,101	64,120,763	2322.3%	1,119,949	26,008,466	2322.3%	1,485	4.50%	0.4056
	2042	2,196,383	55,076,984	2507.6%	852,526	21,378,140	2507.6%	1,185	4.50%	0.3882
	2043	1,730,927	46,869,262	2707.8%	642,928	17,408,910	2707.8%	937	4.50%	0.3714
	2044	1,351,133	39,504,944	2923.8%	480,248	14,041,666	2923.8%	732	4.50%	0.3554
	2045	1,044,381	32,956,362	3155.6%	355,230	11,209,601	3155.6%	567	4.50%	0.3401
	2046	799,168	27,184,466	3401.6%	260,119	8,848,209	3401.6%	434	4.50%	0.3255
	2047	605,192	22,137,604	3657.9%	188,500	6,895,233	3657.9%	328	4.50%	0.3115
	2048	453,382	17,774,160	3920.3%	135,135	5,297,746	3920.3%	246	4.50%	0.2981
	2049	335,874	14,058,280	4185.6%	95,799	4,009,756	4185.6%	182	4.50%	0.2852
	2050	245,946	10,951,144	4452.7%	67,129	2,989,021	4452.7%	133	4.50%	0.2729
	2051	177,930	8,399,559	4720.7%	46,473	2,193,864	4720.7%	96	4.50%	0.2612
	2052	127,109	6,355,297	4999.9%	31,770	1,588,447	4999.9%	68	4.50%	0.2499
	2053	89,612	4,743,917	5293.9%	21,433	1,134,639	5293.9%	48	4.50%	0.2392
	2054	62,300	3,491,607	5604.5%	14,259	799,152	5604.5%	33	4.50%	0.2289
	2055	42,672	2,531,506	5932.4%	9,346	554,456	5932.4%	22	4.50%	0.2190
	2056	28,759	1,805,553	6278.2%	6,028	378,427	6278.2%	15	4.50%	0.2096
	2057	19,039	1,264,541	6642.0%	3,818	253,623	6642.0%	10	4.50%	0.2006
	2058	12,352	867,617	7024.0%	2,371	166,520	7024.0%	6	4.50%	0.1919
	2059	7,832	581,448	7424.2%	1,438	106,791	7424.2%	4	4.50%	0.1837
Past Future Lifetime	Past	1,111,425,382	1,029,061,464	92.6%	2,013,457,505	1,515,318,928	75.3%			
	Future	434,702,056	2,933,368,680	674.8%	331,665,358	1,875,683,702	565.5%			
	Lifetime	1,546,127,438	3,962,430,144	256.3%	2,345,122,863	3,391,002,629	144.6%			

Exhibit 5(i)
RiverSource Life Insurance Company
Nationwide Experience for Policies with a Lifetime Benefit Period
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Two Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	508	0	0.0%	8	4.50%	3.5060
	1993	1,701,830	145,660	8.6%	5,709,712	488,695	8.6%	5,547	4.50%	3.3550
	1994	8,244,771	1,029,658	12.5%	26,470,386	3,305,787	12.5%	14,646	4.50%	3.2106
	1995	16,955,964	2,410,070	14.2%	52,094,023	7,404,489	14.2%	25,976	4.50%	3.0723
	1996	27,347,967	4,863,138	17.8%	80,403,354	14,297,685	17.8%	41,572	4.50%	2.9400
	1997	38,932,431	4,985,170	12.8%	109,532,839	14,025,321	12.8%	51,729	4.50%	2.8134
	1998	45,469,729	9,225,298	20.3%	122,416,202	24,836,875	20.3%	53,643	4.50%	2.6923
	1999	44,475,577	12,459,040	28.0%	114,583,435	32,098,505	28.0%	51,377	4.50%	2.5763
	2000	42,670,470	11,198,523	26.2%	105,198,944	27,608,620	26.2%	49,619	4.50%	2.4654
	2001	41,098,474	15,913,881	38.7%	96,960,167	37,544,278	38.7%	48,197	4.50%	2.3592
	2002	39,833,901	22,667,735	56.9%	89,929,922	51,175,195	56.9%	47,014	4.50%	2.2576
	2003	38,571,359	23,925,553	62.0%	83,329,740	51,688,874	62.0%	45,909	4.50%	2.1604
	2004	37,580,390	22,813,042	60.7%	77,692,676	47,163,061	60.7%	44,968	4.50%	2.0674
	2005	38,078,990	19,828,222	52.1%	75,333,461	39,227,107	52.1%	43,489	4.50%	1.9783
	2006	44,483,031	30,317,806	68.2%	84,213,280	57,396,311	68.2%	42,259	4.50%	1.8932
	2007	43,084,858	33,406,815	77.5%	78,053,896	60,520,847	77.5%	41,281	4.50%	1.8116
	2008	42,366,240	33,851,175	79.9%	73,446,914	58,685,036	79.9%	40,027	4.50%	1.7336
	2009	45,040,533	37,251,678	82.7%	74,720,688	61,799,247	82.7%	38,638	4.50%	1.6590
	2010	46,717,788	36,738,811	78.6%	74,165,737	58,323,845	78.6%	37,471	4.50%	1.5875
	2011	46,251,495	54,379,562	117.6%	70,263,623	82,611,491	117.6%	36,270	4.50%	1.5192
Projected Future Experience	2012	47,322,928	50,547,915	106.8%	68,795,507	73,483,818	106.8%	35,033	4.50%	1.4537
	2013	45,810,329	58,729,292	128.2%	63,728,778	81,700,919	128.2%	33,826	4.50%	1.3911
	2014	48,396,125	66,060,024	136.5%	64,426,788	87,941,651	136.5%	32,627	4.50%	1.3312
	2015	46,714,577	70,390,799	150.7%	59,510,283	89,671,718	150.7%	31,405	4.50%	1.2739
	2016	48,173,268	72,711,002	150.9%	58,725,865	88,638,712	150.9%	30,126	4.50%	1.2191
	2017	47,927,650	76,319,557	159.2%	55,910,471	89,031,329	159.2%	28,847	4.50%	1.1666
	2018	47,714,662	83,682,285	175.4%	53,265,079	93,416,643	175.4%	27,639	4.50%	1.1163
	2019	45,702,489	90,622,960	198.3%	48,821,857	96,808,319	198.3%	25,650	4.50%	1.0683
	2020	44,757,411	82,586,793	184.5%	45,753,371	84,424,549	184.5%	23,812	4.50%	1.0223
	2021	43,594,890	120,090,113	275.5%	42,645,916	117,475,989	275.5%	22,296	4.50%	0.9782
	2022	46,683,827	125,956,191	269.8%	43,701,064	117,908,491	269.8%	20,707	4.50%	0.9361
	2023	51,138,991	130,328,874	254.9%	45,810,120	116,748,126	254.9%	19,124	4.50%	0.8958
	2024	54,325,536	134,463,685	247.5%	46,569,010	115,265,143	247.5%	17,639	4.50%	0.8572
	2025	50,081,123	138,279,891	276.1%	41,081,922	113,432,034	276.1%	16,211	4.50%	0.8203
	2026	45,169,601	141,014,974	312.2%	35,457,381	110,694,396	312.2%	14,802	4.50%	0.7850
	2027	40,474,236	143,155,670	353.7%	30,403,443	107,535,700	353.7%	13,422	4.50%	0.7512
	2028	36,018,629	144,900,080	402.3%	25,891,368	104,158,915	402.3%	12,082	4.50%	0.7188
	2029	31,826,814	145,447,248	457.0%	21,892,971	100,049,988	457.0%	10,794	4.50%	0.6879
	2030	27,922,277	144,663,402	518.1%	18,380,024	95,225,643	518.1%	9,570	4.50%	0.6583
	2031	24,315,572	142,495,196	586.0%	15,316,637	89,759,242	586.0%	8,417	4.50%	0.6299
	2032	21,010,655	138,844,277	660.8%	12,664,914	83,693,290	660.8%	7,342	4.50%	0.6028
	2033	18,016,086	133,718,439	742.2%	10,392,184	77,132,546	742.2%	6,353	4.50%	0.5768
	2034	15,332,430	127,147,310	829.3%	8,463,326	70,183,861	829.3%	5,454	4.50%	0.5520
	2035	12,948,694	119,296,008	921.3%	6,839,742	63,014,385	921.3%	4,643	4.50%	0.5282
	2036	10,849,307	110,365,292	1017.3%	5,484,026	55,786,616	1017.3%	3,919	4.50%	0.5055
	2037	9,016,521	100,603,246	1115.8%	4,361,343	48,662,364	1115.8%	3,278	4.50%	0.4837
	2038	7,430,920	90,440,870	1217.1%	3,439,596	41,862,933	1217.1%	2,718	4.50%	0.4629
	2039	6,071,898	80,280,151	1322.2%	2,689,510	35,559,595	1322.2%	2,233	4.50%	0.4429
	2040	4,918,149	70,421,166	1431.9%	2,084,654	29,849,396	1431.9%	1,817	4.50%	0.4239
	2041	3,948,154	61,088,174	1547.3%	1,601,438	24,778,396	1547.3%	1,464	4.50%	0.4056
	2042	3,140,650	52,459,944	1670.4%	1,219,044	20,362,335	1670.4%	1,169	4.50%	0.3882
	2043	2,475,085	44,632,587	1803.3%	919,334	16,578,129	1803.3%	923	4.50%	0.3714
	2044	1,932,009	37,612,168	1946.8%	686,715	13,368,896	1946.8%	722	4.50%	0.3554
	2045	1,493,378	31,371,535	2100.7%	507,950	10,670,546	2100.7%	559	4.50%	0.3401
	2046	1,142,743	25,872,781	2264.1%	371,949	8,421,272	2264.1%	428	4.50%	0.3255
	2047	865,374	21,066,128	2434.3%	269,539	6,561,498	2434.3%	324	4.50%	0.3115
	2048	648,299	16,911,435	2608.6%	193,231	5,040,603	2608.6%	242	4.50%	0.2981
	2049	480,272	13,374,143	2784.7%	136,985	3,814,624	2784.7%	179	4.50%	0.2852
	2050	351,682	10,416,939	2962.0%	95,989	2,843,214	2962.0%	131	4.50%	0.2729
	2051	254,424	7,988,917	3140.0%	66,453	2,086,609	3140.0%	94	4.50%	0.2612
	2052	181,755	6,043,960	3325.3%	45,428	1,510,631	3325.3%	67	4.50%	0.2499
	2053	128,137	4,511,077	3520.5%	30,647	1,078,949	3520.5%	47	4.50%	0.2392
	2054	89,084	3,319,930	3726.7%	20,389	759,859	3726.7%	32	4.50%	0.2289
	2055	61,018	2,406,831	3944.5%	13,364	527,149	3944.5%	22	4.50%	0.2190
	2056	41,123	1,716,495	4174.1%	8,619	359,761	4174.1%	15	4.50%	0.2096
	2057	27,223	1,202,080	4415.6%	5,460	241,095	4415.6%	10	4.50%	0.2006
	2058	17,663	824,705	4669.2%	3,390	158,284	4669.2%	6	4.50%	0.1919
	2059	11,199	552,655	4934.9%	2,057	101,502	4934.9%	4	4.50%	0.1837
Past Future Lifetime	Past	1,111,425,382	1,029,061,464	92.6%	2,013,457,505	1,515,318,928	75.3%			
	Future	574,435,428	2,825,284,570	491.8%	429,767,133	1,813,262,007	421.9%			
	Lifetime	1,685,860,811	3,854,346,034	228.6%	2,443,224,639	3,328,580,935	136.2%			

Exhibit 5(ii)
RiverSource Life Insurance Company
Nationwide Experience for Policies with Non-Lifetime Benefit Periods
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	0	0	0.0%	0	0	0.0%	0	4.50%	3.5060
	1993	1,207,301	1,852	0.2%	4,050,547	6,214	0.2%	3,958	4.50%	3.3550
	1994	5,812,152	786,299	13.5%	18,660,301	2,524,467	13.5%	10,056	4.50%	3.2106
	1995	12,179,856	1,615,263	13.3%	37,420,324	4,962,592	13.3%	17,854	4.50%	3.0723
	1996	19,462,872	2,308,511	11.9%	57,221,079	6,787,050	11.9%	26,733	4.50%	2.9400
	1997	25,639,006	3,002,212	11.7%	72,133,002	8,446,448	11.7%	31,107	4.50%	2.8134
	1998	28,683,427	5,487,133	19.1%	77,223,160	14,772,773	19.1%	31,876	4.50%	2.6923
	1999	27,943,974	7,085,528	25.4%	71,992,691	18,254,606	25.4%	30,313	4.50%	2.5763
	2000	26,568,417	8,994,320	33.9%	65,501,258	22,174,420	33.9%	29,026	4.50%	2.4654
	2001	25,354,432	9,616,696	37.9%	59,816,577	22,687,860	37.9%	28,073	4.50%	2.3592
	2002	24,286,207	10,998,021	45.3%	54,829,093	24,829,383	45.3%	27,137	4.50%	2.2576
	2003	23,213,940	13,283,215	57.2%	50,151,500	28,697,119	57.2%	26,265	4.50%	2.1604
	2004	22,253,725	12,386,575	55.7%	46,006,746	25,607,668	55.7%	25,419	4.50%	2.0674
	2005	20,775,584	12,087,575	58.2%	41,101,317	23,913,420	58.2%	24,232	4.50%	1.9783
	2006	23,690,758	15,860,150	66.9%	44,850,281	30,025,726	66.9%	23,225	4.50%	1.8932
	2007	22,413,378	15,143,816	67.6%	40,604,786	27,435,018	67.6%	22,321	4.50%	1.8116
	2008	21,443,729	16,986,473	79.2%	37,175,253	29,448,071	79.2%	21,243	4.50%	1.7336
	2009	22,220,985	19,124,276	86.1%	36,863,847	31,726,513	86.1%	20,126	4.50%	1.6590
	2010	22,487,771	18,147,971	80.7%	35,699,938	28,810,390	80.7%	19,134	4.50%	1.5875
	2011	21,631,399	23,758,409	109.8%	32,861,651	36,092,928	109.8%	18,176	4.50%	1.5192
	2012	21,599,901	21,379,170	99.0%	31,400,766	31,079,878	99.0%	17,253	4.50%	1.4537
Projected Future Experience	2013	20,443,425	23,323,235	114.1%	28,439,754	32,445,986	114.1%	16,338	4.50%	1.3911
	2014	21,035,933	26,737,788	127.1%	28,003,844	35,594,375	127.1%	15,408	4.50%	1.3312
	2015	19,750,016	28,817,997	145.9%	25,159,792	36,711,606	145.9%	14,471	4.50%	1.2739
	2016	19,685,664	29,415,199	149.4%	23,997,907	35,858,746	149.4%	13,559	4.50%	1.2191
	2017	19,010,858	34,425,726	181.1%	22,177,304	40,159,669	181.1%	12,664	4.50%	1.1666
	2018	18,290,609	31,710,224	173.4%	20,418,268	35,398,922	173.4%	11,816	4.50%	1.1163
	2019	17,301,680	33,443,845	193.3%	18,482,585	35,726,514	193.3%	11,094	4.50%	1.0683
	2020	15,814,691	25,921,161	163.9%	16,166,606	26,497,969	163.9%	10,537	4.50%	1.0223
	2021	14,611,533	38,146,371	261.1%	14,293,469	37,315,999	261.1%	9,532	4.50%	0.9782
	2022	14,573,934	39,049,791	267.9%	13,642,764	36,554,789	267.9%	8,596	4.50%	0.9361
	2023	13,007,647	38,722,337	297.7%	11,652,203	34,687,327	297.7%	7,734	4.50%	0.8958
	2024	11,370,699	37,935,478	333.6%	9,747,206	32,519,102	333.6%	6,908	4.50%	0.8572
	2025	9,871,224	37,251,524	377.4%	8,097,440	30,557,705	377.4%	6,122	4.50%	0.8203
	2026	8,506,736	36,414,504	428.1%	6,677,645	28,584,776	428.1%	5,382	4.50%	0.7850
	2027	7,274,097	35,298,035	485.3%	5,464,158	26,515,184	485.3%	4,690	4.50%	0.7512
	2028	6,169,214	33,884,690	549.3%	4,434,632	24,357,423	549.3%	4,050	4.50%	0.7188
	2029	5,188,177	32,177,743	620.2%	3,568,834	22,134,367	620.2%	3,465	4.50%	0.6879
	2030	4,325,252	30,244,609	699.3%	2,847,126	19,908,714	699.3%	2,937	4.50%	0.6583
	2031	3,573,119	28,130,511	787.3%	2,250,746	17,719,709	787.3%	2,464	4.50%	0.6299
	2032	2,924,162	25,881,042	885.1%	1,762,642	15,600,712	885.1%	2,047	4.50%	0.6028
	2033	2,371,031	23,531,981	992.5%	1,367,677	13,573,907	992.5%	1,685	4.50%	0.5768
	2034	1,905,659	21,136,794	1109.2%	1,051,902	11,667,268	1109.2%	1,374	4.50%	0.5520
	2035	1,518,535	18,745,919	1234.5%	802,118	9,901,946	1234.5%	1,111	4.50%	0.5282
	2036	1,199,669	16,400,942	1367.1%	606,400	8,290,224	1367.1%	890	4.50%	0.5055
	2037	939,439	14,137,680	1504.9%	454,412	6,838,476	1504.9%	706	4.50%	0.4837
	2038	729,025	12,014,596	1648.0%	337,448	5,561,272	1648.0%	555	4.50%	0.4629
	2039	560,511	10,076,570	1797.7%	248,275	4,463,354	1797.7%	432	4.50%	0.4429
	2040	426,879	8,340,246	1953.8%	180,941	3,535,177	1953.8%	333	4.50%	0.4239
	2041	321,974	6,813,602	2116.2%	130,598	2,763,712	2116.2%	254	4.50%	0.4056
	2042	240,466	5,502,679	2288.3%	93,337	2,135,866	2288.3%	191	4.50%	0.3882
	2043	177,797	4,395,947	2472.4%	66,040	1,632,811	2472.4%	143	4.50%	0.3714
	2044	130,125	3,475,755	2671.1%	46,252	1,235,425	2671.1%	106	4.50%	0.3554
	2045	94,250	2,719,496	2885.4%	32,058	924,995	2885.4%	77	4.50%	0.3401
	2046	67,548	2,103,812	3114.6%	21,986	684,765	3114.6%	56	4.50%	0.3255
	2047	47,890	1,607,192	3356.0%	14,916	500,594	3356.0%	40	4.50%	0.3115
	2048	33,579	1,212,216	3610.1%	10,008	361,312	3610.1%	28	4.50%	0.2981
	2049	23,278	901,659	3873.4%	6,640	257,175	3873.4%	20	4.50%	0.2852
	2050	15,950	660,600	4141.7%	4,353	180,305	4141.7%	14	4.50%	0.2729
	2051	10,799	477,023	4417.5%	2,820	124,593	4417.5%	9	4.50%	0.2612
	2052	7,221	339,962	4707.9%	1,805	84,970	4707.9%	6	4.50%	0.2499
	2053	4,768	239,114	5015.3%	1,140	57,191	5015.3%	4	4.50%	0.2392
	2054	3,107	165,919	5340.7%	711	37,975	5340.7%	3	4.50%	0.2289
	2055	1,997	113,517	5685.4%	437	24,863	5685.4%	2	4.50%	0.2190
	2056	1,265	76,513	6050.1%	265	16,036	6050.1%	1	4.50%	0.2096
	2057	788	50,742	6435.4%	158	10,177	6435.4%	1	4.50%	0.2006
	2058	483	33,048	6841.2%	93	6,343	6841.2%	0	4.50%	0.1919
	2059	290	21,083	7266.5%	53	3,872	7266.5%	0	4.50%	0.1837
Past Future Lifetime	Past	570,201,690	451,848,641	79.2%	1,098,410,178	696,676,330	63.4%			
	Future	112,230,116	568,431,242	506.5%	89,921,708	401,330,412	446.3%			
	Lifetime	682,431,806	1,020,279,883	149.5%	1,188,331,886	1,098,006,741	92.4%			

Exhibit 5(ii)
RiverSource Life Insurance Company
Nationwide Experience for Policies with Non-Lifetime Benefit Periods
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Two Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	0	0	0.0%	0	0	0.0%	0	4.50%	3.5060
	1993	1,207,301	1,852	0.2%	4,050,547	6,214	0.2%	3,958	4.50%	3.3550
	1994	5,812,152	786,299	13.5%	18,660,301	2,524,467	13.5%	10,056	4.50%	3.2106
	1995	12,179,856	1,615,263	13.3%	37,420,324	4,962,592	13.3%	17,854	4.50%	3.0723
	1996	19,462,872	2,308,511	11.9%	57,221,079	6,787,050	11.9%	26,733	4.50%	2.9400
	1997	25,639,006	3,002,212	11.7%	72,133,002	8,446,448	11.7%	31,107	4.50%	2.8134
	1998	28,683,427	5,487,133	19.1%	77,223,160	14,772,773	19.1%	31,876	4.50%	2.6923
	1999	27,943,974	7,085,528	25.4%	71,992,691	18,254,606	25.4%	30,313	4.50%	2.5763
	2000	26,568,417	8,994,320	33.9%	65,501,258	22,174,420	33.9%	29,026	4.50%	2.4654
	2001	25,354,432	9,616,696	37.9%	59,816,577	22,687,860	37.9%	28,073	4.50%	2.3592
	2002	24,286,207	10,998,021	45.3%	54,829,093	24,829,383	45.3%	27,137	4.50%	2.2576
	2003	23,213,940	13,283,215	57.2%	50,151,500	28,697,119	57.2%	26,265	4.50%	2.1604
	2004	22,253,725	12,386,575	55.7%	46,006,746	25,607,668	55.7%	25,419	4.50%	2.0674
	2005	20,775,584	12,087,575	58.2%	41,101,317	23,913,420	58.2%	24,232	4.50%	1.9783
	2006	23,690,758	15,860,150	66.9%	44,850,281	30,025,726	66.9%	23,225	4.50%	1.8932
	2007	22,413,378	15,143,816	67.6%	40,604,786	27,435,018	67.6%	22,321	4.50%	1.8116
	2008	21,443,729	16,986,473	79.2%	37,175,253	29,448,071	79.2%	21,243	4.50%	1.7336
	2009	22,220,985	19,124,276	86.1%	36,863,847	31,726,513	86.1%	20,126	4.50%	1.6590
	2010	22,487,771	18,147,971	80.7%	35,699,938	28,810,390	80.7%	19,134	4.50%	1.5875
	2011	21,631,399	23,758,409	109.8%	32,861,651	36,092,928	109.8%	18,176	4.50%	1.5192
	2012	21,599,901	21,379,170	99.0%	31,400,766	31,079,878	99.0%	17,253	4.50%	1.4537
Projected Future Experience	2013	20,443,425	23,323,235	114.1%	28,439,754	32,445,986	114.1%	16,338	4.50%	1.3911
	2014	21,035,933	26,737,788	127.1%	28,003,844	35,594,375	127.1%	15,408	4.50%	1.3312
	2015	19,750,016	28,817,997	145.9%	25,159,792	36,711,606	145.9%	14,471	4.50%	1.2739
	2016	19,685,664	29,415,199	149.4%	23,997,907	35,858,746	149.4%	13,559	4.50%	1.2191
	2017	19,010,858	34,425,726	181.1%	22,177,304	40,159,669	181.1%	12,664	4.50%	1.1666
	2018	18,290,609	31,710,224	173.4%	20,418,268	35,398,922	173.4%	11,816	4.50%	1.1163
	2019	17,301,680	33,443,845	193.3%	18,482,585	35,726,514	193.3%	11,094	4.50%	1.0683
	2020	15,814,691	25,921,161	163.9%	16,166,606	26,497,969	163.9%	10,537	4.50%	1.0223
	2021	14,611,533	38,146,371	261.1%	14,293,469	37,315,999	261.1%	9,532	4.50%	0.9782
	2022	14,839,248	38,956,733	262.5%	13,891,126	36,467,676	262.5%	8,558	4.50%	0.9361
	2023	14,744,645	38,275,760	259.6%	13,208,199	34,287,285	259.6%	7,645	4.50%	0.8958
	2024	14,248,222	37,145,905	260.7%	12,213,881	31,842,263	260.7%	6,810	4.50%	0.8572
	2025	12,504,201	36,185,792	289.4%	10,257,290	29,683,477	289.4%	6,036	4.50%	0.8203
	2026	10,775,809	35,035,221	325.1%	8,458,830	27,502,062	325.1%	5,306	4.50%	0.7850
	2027	9,214,420	33,785,215	366.7%	6,921,690	25,378,783	366.7%	4,624	4.50%	0.7512
	2028	7,814,848	32,399,551	414.6%	5,617,568	23,289,857	414.6%	3,993	4.50%	0.7188
	2029	6,572,145	30,755,090	468.0%	4,520,835	21,155,755	468.0%	3,417	4.50%	0.6879
	2030	5,479,050	28,896,892	527.4%	3,606,621	19,021,571	527.4%	2,895	4.50%	0.6583
	2031	4,526,293	26,868,111	593.6%	2,851,160	16,924,509	593.6%	2,429	4.50%	0.6299
	2032	3,704,229	24,712,198	667.1%	2,232,855	14,896,150	667.1%	2,018	4.50%	0.6028
	2033	3,003,548	22,463,179	747.9%	1,732,531	12,957,392	747.9%	1,661	4.50%	0.5768
	2034	2,414,035	20,171,906	835.6%	1,332,520	11,134,662	835.6%	1,355	4.50%	0.5520
	2035	1,923,640	17,886,311	929.8%	1,016,103	9,447,884	929.8%	1,095	4.50%	0.5282
	2036	1,519,712	15,645,837	1029.5%	768,173	7,908,540	1029.5%	877	4.50%	0.5055
	2037	1,190,061	13,484,441	1133.1%	575,639	6,522,501	1133.1%	696	4.50%	0.4837
	2038	923,514	11,457,669	1240.7%	427,473	5,303,483	1240.7%	547	4.50%	0.4629
	2039	710,045	9,608,121	1353.2%	314,510	4,255,858	1353.2%	426	4.50%	0.4429
	2040	540,763	7,951,495	1470.4%	229,213	3,370,398	1470.4%	328	4.50%	0.4239
	2041	407,871	6,495,248	1592.5%	165,440	2,634,582	1592.5%	250	4.50%	0.4056
	2042	304,619	5,245,010	1721.8%	118,238	2,035,852	1721.8%	189	4.50%	0.3882
	2043	225,231	4,189,687	1860.2%	83,659	1,556,199	1860.2%	141	4.50%	0.3714
	2044	164,841	3,312,367	2009.4%	58,591	1,177,350	2009.4%	104	4.50%	0.3554
	2045	119,395	2,591,441	2170.5%	40,611	881,439	2170.5%	76	4.50%	0.3401
	2046	85,569	2,004,592	2342.7%	27,852	652,470	2342.7%	55	4.50%	0.3255
	2047	60,666	1,531,284	2524.1%	18,896	476,951	2524.1%	39	4.50%	0.3115
	2048	42,537	1,154,888	2715.0%	12,679	344,225	2715.0%	28	4.50%	0.2981
	2049	29,489	858,966	2912.9%	8,411	244,998	2912.9%	19	4.50%	0.2852
	2050	20,206	629,286	3114.4%	5,515	171,758	3114.4%	13	4.50%	0.2729
	2051	13,680	454,388	3321.7%	3,573	118,681	3321.7%	9	4.50%	0.2612
	2052	9,148	323,816	3539.9%	2,286	80,935	3539.9%	6	4.50%	0.2499
	2053	6,040	227,748	3770.8%	1,445	54,472	3770.8%	4	4.50%	0.2392
	2054	3,936	158,025	4015.3%	901	36,168	4015.3%	3	4.50%	0.2289
	2055	2,529	108,112	4274.3%	554	23,679	4274.3%	2	4.50%	0.2190
	2056	1,602	72,868	4548.3%	336	15,272	4548.3%	1	4.50%	0.2096
	2057	999	48,323	4837.8%	200	9,692	4837.8%	1	4.50%	0.2006
	2058	612	31,472	5142.7%	117	6,040	5142.7%	0	4.50%	0.1919
	2059	368	20,076	5462.2%	68	3,687	5462.2%	0	4.50%	0.1837
Past Future Lifetime	Past	570,201,690	451,848,641	79.2%	1,098,410,178	696,676,330	63.4%			
	Future	132,759,298	549,289,396	413.7%	105,019,053	389,190,555	370.6%			
	Lifetime	702,960,988	1,001,138,036	142.4%	1,203,429,231	1,085,866,885	90.2%			

Exhibit 5(iii)
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	508	0	0.0%	8	4.50%	3.5060
	1993	2,909,132	147,512	5.1%	9,760,259	494,909	5.1%	9,505	4.50%	3.3550
	1994	14,056,923	1,815,958	12.9%	45,130,688	5,830,253	12.9%	24,702	4.50%	3.2106
	1995	29,135,820	4,025,333	13.8%	89,514,347	12,367,081	13.8%	43,830	4.50%	3.0723
	1996	46,810,839	7,171,649	15.3%	137,624,433	21,084,735	15.3%	68,305	4.50%	2.9400
	1997	64,571,437	7,987,382	12.4%	181,665,841	22,471,769	12.4%	82,836	4.50%	2.8134
	1998	74,153,156	14,712,431	19.8%	199,639,361	39,609,648	19.8%	85,519	4.50%	2.6923
	1999	72,419,551	19,544,568	27.0%	186,576,126	50,353,112	27.0%	81,690	4.50%	2.5763
	2000	69,238,887	20,192,843	29.2%	170,700,202	49,783,040	29.2%	78,645	4.50%	2.4654
	2001	66,452,906	25,530,576	38.4%	156,776,745	60,232,138	38.4%	76,270	4.50%	2.3592
	2002	64,120,108	33,665,757	52.5%	144,759,014	76,004,578	52.5%	74,151	4.50%	2.2576
	2003	61,785,299	37,208,769	60.2%	133,481,240	80,385,993	60.2%	72,174	4.50%	2.1604
	2004	59,834,116	35,199,617	58.8%	123,699,421	72,770,729	58.8%	70,387	4.50%	2.0674
	2005	58,854,574	31,915,798	54.2%	116,434,778	63,140,528	54.2%	67,721	4.50%	1.9783
	2006	68,173,789	46,177,956	67.7%	129,063,561	87,422,037	67.7%	65,484	4.50%	1.8932
	2007	65,498,235	48,550,631	74.1%	118,658,682	87,955,865	74.1%	63,602	4.50%	1.8116
	2008	63,809,968	50,837,648	79.7%	110,622,167	88,133,107	79.7%	61,270	4.50%	1.7336
	2009	67,261,519	56,375,954	83.8%	111,584,535	93,525,760	83.8%	58,764	4.50%	1.6590
	2010	69,205,559	54,886,783	79.3%	109,865,675	87,134,235	79.3%	56,605	4.50%	1.5875
	2011	67,882,895	78,137,971	115.1%	103,125,273	118,704,419	115.1%	54,446	4.50%	1.5192
	2012	68,922,829	71,927,084	104.4%	100,196,273	104,563,696	104.4%	52,286	4.50%	1.4537
Projected Future Experience	2013	66,253,754	82,052,527	123.8%	92,168,532	114,146,905	123.8%	50,164	4.50%	1.3911
	2014	69,432,058	92,797,813	133.7%	92,430,632	123,536,026	133.7%	48,035	4.50%	1.3312
	2015	66,464,593	99,208,795	149.3%	84,670,076	126,383,324	149.3%	45,876	4.50%	1.2739
	2016	67,858,932	102,126,200	150.5%	82,723,772	124,497,457	150.5%	43,685	4.50%	1.2191
	2017	66,938,508	110,745,283	165.4%	78,087,775	129,190,998	165.4%	41,511	4.50%	1.1666
	2018	66,005,271	115,392,509	174.8%	73,683,347	128,815,565	174.8%	39,455	4.50%	1.1163
	2019	63,004,169	124,066,805	196.9%	67,304,442	132,534,833	196.9%	36,744	4.50%	1.0683
	2020	60,572,102	108,507,954	179.1%	61,919,977	110,922,518	179.1%	34,349	4.50%	1.0223
	2021	58,206,423	158,236,484	271.9%	56,939,385	154,791,988	271.9%	31,828	4.50%	0.9782
	2022	59,979,297	165,328,970	275.6%	56,147,049	154,765,632	275.6%	29,397	4.50%	0.9361
	2023	55,283,702	170,713,304	308.8%	49,522,936	152,924,350	308.8%	27,081	4.50%	0.8958
	2024	49,963,382	175,033,496	350.3%	42,829,678	150,042,452	350.3%	24,798	4.50%	0.8572
	2025	44,894,703	178,849,870	398.4%	36,827,462	146,711,893	398.4%	22,564	4.50%	0.8203
	2026	40,095,418	182,211,952	454.4%	31,474,233	143,033,334	454.4%	20,394	4.50%	0.7850
	2027	35,579,149	184,421,034	518.3%	26,726,351	138,533,423	518.3%	18,303	4.50%	0.7512
	2028	31,358,307	185,080,105	590.2%	22,541,376	133,041,630	590.2%	16,304	4.50%	0.7188
	2029	27,445,792	184,057,265	670.6%	18,879,361	126,608,976	670.6%	14,413	4.50%	0.6879
	2030	23,852,291	181,408,854	760.6%	15,700,929	119,413,581	760.6%	12,643	4.50%	0.6583
	2031	20,577,865	177,122,352	860.7%	12,962,216	111,571,256	860.7%	11,000	4.50%	0.6299
	2032	17,617,667	171,138,683	971.4%	10,619,671	103,159,884	971.4%	9,493	4.50%	0.6028
	2033	14,970,334	163,499,924	1092.2%	8,635,309	94,311,342	1092.2%	8,128	4.50%	0.5768
	2034	12,628,191	154,289,340	1221.8%	6,970,617	85,165,951	1221.8%	6,905	4.50%	0.5520
	2035	10,574,037	143,729,790	1359.3%	5,585,405	75,920,766	1359.3%	5,819	4.50%	0.5282
	2036	8,786,998	132,073,145	1503.1%	4,441,585	66,759,338	1503.1%	4,864	4.50%	0.5055
	2037	7,245,036	119,615,465	1651.0%	3,504,465	57,858,683	1651.0%	4,031	4.50%	0.4837
	2038	5,925,753	106,867,953	1803.4%	2,742,891	49,466,639	1803.4%	3,311	4.50%	0.4629
	2039	4,806,826	94,298,205	1961.8%	2,129,154	41,768,805	1961.8%	2,696	4.50%	0.4429
	2040	3,866,334	82,238,833	2127.0%	1,638,822	34,858,547	2127.0%	2,175	4.50%	0.4239
	2041	3,083,075	70,934,365	2300.8%	1,250,547	28,772,178	2300.8%	1,739	4.50%	0.4056
	2042	2,436,849	60,579,663	2486.0%	945,863	23,514,005	2486.0%	1,377	4.50%	0.3882
	2043	1,908,724	51,265,209	2685.8%	708,968	19,041,721	2685.8%	1,080	4.50%	0.3714
	2044	1,481,258	42,980,699	2901.6%	526,499	15,277,090	2901.6%	838	4.50%	0.3554
	2045	1,138,631	35,675,858	3133.2%	387,288	12,134,596	3133.2%	644	4.50%	0.3401
	2046	866,715	29,288,277	3379.2%	282,105	9,532,974	3379.2%	490	4.50%	0.3255
	2047	653,081	23,744,796	3635.8%	203,416	7,395,827	3635.8%	368	4.50%	0.3115
	2048	486,961	18,986,377	3899.0%	145,143	5,659,058	3899.0%	274	4.50%	0.2981
	2049	359,153	14,959,939	4165.3%	102,439	4,266,930	4165.3%	201	4.50%	0.2852
	2050	261,896	11,611,744	4433.7%	71,482	3,169,326	4433.7%	146	4.50%	0.2729
	2051	188,728	8,876,582	4703.4%	49,294	2,318,456	4703.4%	105	4.50%	0.2612
	2052	134,330	6,695,259	4984.2%	33,575	1,673,417	4984.2%	74	4.50%	0.2499
	2053	94,379	4,983,031	5279.8%	22,573	1,191,830	5279.8%	52	4.50%	0.2392
	2054	65,407	3,657,526	5591.9%	14,970	837,128	5591.9%	36	4.50%	0.2289
	2055	44,669	2,645,023	5921.4%	9,783	579,319	5921.4%	24	4.50%	0.2190
	2056	30,024	1,882,066	6268.6%	6,293	394,463	6268.6%	16	4.50%	0.2096
	2057	19,827	1,315,283	6633.8%	3,977	263,800	6633.8%	10	4.50%	0.2006
	2058	12,835	900,665	7017.1%	2,463	172,863	7017.1%	7	4.50%	0.1919
	2059	8,122	602,531	7418.6%	1,492	110,663	7418.6%	4	4.50%	0.1837
Past Future Lifetime	Past	1,681,627,072	1,480,910,105	88.1%	3,111,867,683	2,211,995,257	71.1%			
	Future	546,932,171	3,501,799,922	640.3%	421,587,066	2,277,014,113	540.1%			
	Lifetime	2,228,559,244	4,982,710,027	223.6%	3,533,454,749	4,489,009,371	127.0%			

Exhibit 5(iii)
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Two Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	508	0	0.0%	8	4.50%	3.5060
	1993	2,909,132	147,512	5.1%	9,760,259	494,909	5.1%	9,505	4.50%	3.3550
	1994	14,056,923	1,815,958	12.9%	45,130,688	5,830,253	12.9%	24,702	4.50%	3.2106
	1995	29,135,820	4,025,333	13.8%	89,514,347	12,367,081	13.8%	43,830	4.50%	3.0723
	1996	46,810,839	7,171,649	15.3%	137,624,433	21,084,735	15.3%	68,305	4.50%	2.9400
	1997	64,571,437	7,987,382	12.4%	181,665,841	22,471,769	12.4%	82,836	4.50%	2.8134
	1998	74,153,156	14,712,431	19.8%	199,639,361	39,609,648	19.8%	85,519	4.50%	2.6923
	1999	72,419,551	19,544,568	27.0%	186,576,126	50,353,112	27.0%	81,690	4.50%	2.5763
	2000	69,238,887	20,192,843	29.2%	170,700,202	49,783,040	29.2%	78,645	4.50%	2.4654
	2001	66,452,906	25,530,576	38.4%	156,776,745	60,232,138	38.4%	76,270	4.50%	2.3592
	2002	64,120,108	33,665,757	52.5%	144,759,014	76,004,578	52.5%	74,151	4.50%	2.2576
	2003	61,785,299	37,208,769	60.2%	133,481,240	80,385,993	60.2%	72,174	4.50%	2.1604
	2004	59,834,116	35,199,617	58.8%	123,699,421	72,770,729	58.8%	70,387	4.50%	2.0674
	2005	58,854,574	31,915,798	54.2%	116,434,778	63,140,528	54.2%	67,721	4.50%	1.9783
	2006	68,173,789	46,177,956	67.7%	129,063,561	87,422,037	67.7%	65,484	4.50%	1.8932
	2007	65,498,235	48,550,631	74.1%	118,658,682	87,955,865	74.1%	63,602	4.50%	1.8116
	2008	63,809,968	50,837,648	79.7%	110,622,167	88,133,107	79.7%	61,270	4.50%	1.7336
	2009	67,261,519	56,375,954	83.8%	111,584,535	93,525,760	83.8%	58,764	4.50%	1.6590
	2010	69,205,559	54,886,783	79.3%	109,865,675	87,134,235	79.3%	56,605	4.50%	1.5875
	2011	67,882,895	78,137,971	115.1%	103,125,273	118,704,419	115.1%	54,446	4.50%	1.5192
Projected Future Experience	2012	68,922,829	71,927,084	104.4%	100,196,273	104,563,696	104.4%	52,286	4.50%	1.4537
	2013	66,253,754	82,052,527	123.8%	92,168,532	114,146,905	123.8%	50,164	4.50%	1.3911
	2014	69,432,058	92,797,813	133.7%	92,430,632	123,536,026	133.7%	48,035	4.50%	1.3312
	2015	66,464,593	99,208,795	149.3%	84,670,076	126,383,324	149.3%	45,876	4.50%	1.2739
	2016	67,858,932	102,126,200	150.5%	82,723,772	124,497,457	150.5%	43,685	4.50%	1.2191
	2017	66,938,508	110,745,283	165.4%	78,087,775	129,190,998	165.4%	41,511	4.50%	1.1666
	2018	66,005,271	115,392,509	174.8%	73,683,347	128,815,565	174.8%	39,455	4.50%	1.1163
	2019	63,004,169	124,066,805	196.9%	67,304,442	132,534,833	196.9%	36,744	4.50%	1.0683
	2020	60,572,102	108,507,954	179.1%	61,919,977	110,922,518	179.1%	34,349	4.50%	1.0223
	2021	58,206,423	158,236,484	271.9%	56,939,385	154,791,988	271.9%	31,828	4.50%	0.9782
	2022	61,523,075	164,912,923	268.1%	57,592,190	154,376,167	268.1%	29,265	4.50%	0.9361
	2023	65,883,636	168,604,634	255.9%	59,018,319	151,035,411	255.9%	26,769	4.50%	0.8958
	2024	68,573,759	171,609,591	250.3%	58,782,891	147,107,406	250.3%	24,450	4.50%	0.8572
	2025	62,585,324	174,465,683	278.8%	51,339,212	143,115,512	278.8%	22,248	4.50%	0.8203
	2026	55,945,410	176,050,194	314.7%	43,916,211	138,196,458	314.7%	20,108	4.50%	0.7850
	2027	49,688,656	176,940,885	356.1%	37,325,133	132,914,484	356.1%	18,046	4.50%	0.7512
	2028	43,833,477	177,299,632	404.5%	31,508,936	127,448,772	404.5%	16,075	4.50%	0.7188
	2029	38,398,959	176,202,338	458.9%	26,413,806	121,205,743	458.9%	14,210	4.50%	0.6879
	2030	33,401,328	173,560,294	519.6%	21,986,645	114,247,214	519.6%	12,465	4.50%	0.6583
	2031	28,841,865	169,363,307	587.2%	18,167,798	106,683,751	587.2%	10,846	4.50%	0.6299
	2032	24,714,883	163,556,475	661.8%	14,897,769	98,589,440	661.8%	9,360	4.50%	0.6028
	2033	21,019,635	156,181,618	743.0%	12,124,715	90,089,938	743.0%	8,014	4.50%	0.5768
	2034	17,746,465	147,319,217	830.1%	9,795,846	81,318,523	830.1%	6,808	4.50%	0.5520
	2035	14,872,334	137,182,319	922.4%	7,855,845	72,462,269	922.4%	5,738	4.50%	0.5282
	2036	12,369,019	126,011,130	1018.8%	6,252,199	63,695,156	1018.8%	4,796	4.50%	0.5055
	2037	10,206,582	114,087,687	1117.8%	4,936,982	55,184,865	1117.8%	3,974	4.50%	0.4837
	2038	8,354,434	101,898,539	1219.7%	3,867,069	47,166,416	1219.7%	3,265	4.50%	0.4629
	2039	6,781,943	89,888,272	1325.4%	3,004,020	39,815,453	1325.4%	2,658	4.50%	0.4429
	2040	5,458,911	78,372,661	1435.7%	2,313,867	33,219,794	1435.7%	2,145	4.50%	0.4239
	2041	4,356,025	67,583,422	1551.5%	1,766,877	27,412,979	1551.5%	1,714	4.50%	0.4056
	2042	3,445,269	57,704,954	1674.9%	1,337,282	22,398,187	1674.9%	1,357	4.50%	0.3882
	2043	2,700,316	48,822,273	1808.0%	1,002,993	18,134,328	1808.0%	1,064	4.50%	0.3714
	2044	2,096,850	40,924,536	1951.7%	745,306	14,546,246	1951.7%	826	4.50%	0.3554
	2045	1,612,774	33,962,976	2105.9%	548,560	11,551,985	2105.9%	635	4.50%	0.3401
	2046	1,228,312	27,877,373	2269.6%	399,800	9,073,742	2269.6%	483	4.50%	0.3255
	2047	926,040	22,597,412	2440.2%	288,435	7,038,450	2440.2%	363	4.50%	0.3115
	2048	690,836	18,066,324	2615.1%	205,910	5,384,828	2615.1%	270	4.50%	0.2981
	2049	509,761	14,233,109	2792.1%	145,396	4,059,621	2792.1%	198	4.50%	0.2852
	2050	371,888	11,046,225	2970.3%	101,504	3,014,972	2970.3%	144	4.50%	0.2729
	2051	268,104	8,443,305	3149.3%	70,026	2,205,290	3149.3%	103	4.50%	0.2612
	2052	190,903	6,367,775	3335.6%	47,714	1,591,566	3335.6%	73	4.50%	0.2499
	2053	134,177	4,738,825	3531.8%	32,092	1,133,421	3531.8%	51	4.50%	0.2392
	2054	93,020	3,477,955	3738.9%	21,290	796,028	3738.9%	35	4.50%	0.2289
	2055	63,547	2,514,944	3957.6%	13,918	550,828	3957.6%	24	4.50%	0.2190
	2056	42,725	1,789,363	4188.1%	8,955	375,034	4188.1%	16	4.50%	0.2096
	2057	28,222	1,250,403	4430.6%	5,660	250,787	4430.6%	10	4.50%	0.2006
	2058	18,275	856,176	4685.1%	3,507	164,325	4685.1%	7	4.50%	0.1919
	2059	11,566	572,731	4951.7%	2,124	105,190	4951.7%	4	4.50%	0.1837
Past Future Lifetime	Past	1,681,627,072	1,480,910,105	88.1%	3,111,867,683	2,211,995,257	71.1%			
	Future	707,194,726	3,374,573,965	477.2%	534,786,187	2,202,452,562	411.8%			
	Lifetime	2,388,821,799	4,855,484,070	203.3%	3,646,653,870	4,414,447,820	121.1%			

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	124.10	91.76	232.10	172.62	291.42	215.92
41	124.10	91.76	232.10	172.62	291.42	215.92
42	124.10	91.76	232.10	172.62	291.42	215.92
43	124.10	91.76	232.10	172.62	291.42	215.92
44	124.10	91.76	232.10	172.62	291.42	215.92
45	124.10	91.76	232.10	172.62	291.42	215.92
46	134.96	102.58	242.84	183.46	307.66	232.10
47	134.96	102.58	248.24	183.46	312.94	232.10
48	140.26	102.58	253.60	188.88	318.40	237.50
49	140.26	107.96	253.60	194.36	323.80	242.84
50	145.80	107.96	259.06	194.36	329.26	248.24
51	151.16	113.30	269.80	205.14	340.00	259.06
52	161.92	118.78	280.70	210.42	356.16	269.80
53	167.32	124.10	291.42	221.24	372.36	280.70
54	178.10	134.96	307.66	232.10	394.02	296.80
55	199.66	151.16	340.00	259.06	437.16	329.26
56	215.92	167.32	372.36	286.02	474.86	372.36
57	237.50	183.46	404.76	312.94	518.14	399.32
58	264.44	205.14	447.90	340.00	566.62	437.16
59	296.80	221.24	491.00	372.36	626.12	474.86
60	329.26	259.06	539.64	426.30	685.36	539.64
61	367.00	296.80	609.82	496.54	766.36	620.60
62	404.76	318.40	663.80	528.88	841.92	663.80
63	464.12	377.76	761.00	615.18	960.58	777.14
64	523.52	410.20	852.68	669.18	999.98	847.28
65	582.86	474.86	933.58	761.00	999.98	960.58
66	636.88	507.34	999.98	804.08	999.98	999.98
67	706.98	561.22	999.98	879.64	999.98	999.98
68	777.14	636.88	999.98	982.18	999.98	999.98
69	874.24	690.76	999.98	999.98	999.98	999.98
70	966.04	766.36	999.98	999.98	999.98	999.98
71	999.98	836.44	999.98	999.98	999.98	999.98
72	999.98	922.78	999.98	999.98	999.98	999.98
73	999.98	999.98	999.98	999.98	999.98	999.98
74	999.98	999.98	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	78.26	56.50	138.98	99.96	173.84	126.04
41	78.26	56.50	138.98	99.96	173.84	126.04
42	78.26	56.50	138.98	99.96	173.84	126.04
43	78.26	56.50	138.98	99.96	173.84	126.04
44	78.26	56.50	138.98	99.96	173.84	126.04
45	78.26	56.50	138.98	99.96	173.84	126.04
46	82.58	60.86	143.42	104.28	182.54	130.38
47	86.96	60.86	147.70	104.28	186.84	134.70
48	86.96	60.86	147.70	108.64	186.84	134.70
49	86.96	65.12	152.10	112.94	191.24	138.98
50	91.24	65.12	156.48	112.94	195.52	138.98
51	95.60	69.50	160.74	121.70	212.90	152.10
52	99.96	69.50	165.18	121.70	217.22	156.48
53	104.28	73.90	173.84	126.04	221.68	160.74
54	112.94	78.26	182.54	130.38	234.66	169.44
55	121.70	86.96	199.86	143.42	260.70	186.84
56	134.70	99.96	221.68	160.74	282.50	208.58
57	147.70	108.64	238.96	178.14	304.16	225.98
58	165.18	121.70	265.10	191.24	334.64	243.32
59	182.54	130.38	291.14	208.58	369.36	265.10
60	204.18	152.10	321.52	243.32	404.08	304.16
61	225.98	178.14	360.64	278.12	451.88	352.00
62	252.00	191.24	391.10	299.82	495.32	373.72
63	286.78	221.68	447.58	347.60	564.88	438.84
64	321.52	243.32	499.70	378.04	634.40	477.96
65	360.64	282.50	551.84	430.20	695.16	543.12
66	391.10	299.82	590.94	456.22	747.40	573.60
67	438.84	334.64	651.74	495.32	821.24	621.36
68	482.36	373.72	712.62	551.84	890.68	690.86
69	538.82	408.50	786.46	599.58	982.00	747.40
70	595.32	451.88	864.68	656.06	999.98	816.88
71	651.74	495.32	934.18	708.28	999.98	873.40
72	721.36	547.48	999.98	777.84	999.98	942.92
73	799.48	612.72	999.98	860.36	999.98	999.98
74	877.70	677.88	999.98	942.92	999.98	999.98
75	977.68	743.00	999.98	999.98	999.98	999.98
76	999.98	825.56	999.98	999.98	999.98	999.98
77	999.98	929.82	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	69.50	52.16	121.70	91.24	152.10	112.94
41	69.50	52.16	121.70	91.24	152.10	112.94
42	69.50	52.16	121.70	91.24	152.10	112.94
43	69.50	52.16	121.70	91.24	152.10	112.94
44	69.50	52.16	121.70	91.24	152.10	112.94
45	69.50	52.16	121.70	91.24	152.10	112.94
46	73.90	56.50	126.04	95.60	160.74	121.70
47	73.90	56.50	130.38	99.96	165.18	126.04
48	78.26	56.50	134.70	99.96	169.44	126.04
49	78.26	60.86	134.70	104.28	169.44	130.38
50	82.58	60.86	138.98	104.28	173.84	130.38
51	86.96	65.12	143.42	108.64	182.54	143.42
52	86.96	65.12	147.70	112.94	186.84	147.70
53	95.60	69.50	156.48	117.38	199.86	156.48
54	99.96	73.90	165.18	126.04	208.58	160.74
55	108.64	82.58	178.14	134.70	230.28	173.84
56	121.70	91.24	195.52	152.10	252.00	191.24
57	134.70	104.28	212.90	165.18	273.78	212.90
58	147.70	112.94	238.96	182.54	304.16	230.28
59	165.18	126.04	260.70	199.86	334.64	252.00
60	182.54	143.42	286.78	225.98	365.04	286.78
61	204.18	165.18	321.52	260.70	404.08	325.90
62	225.98	178.14	352.00	278.12	447.58	352.00
63	260.70	208.58	408.50	330.26	512.78	412.74
64	291.14	230.28	451.88	356.34	569.24	447.58
65	321.52	265.10	495.32	404.08	621.36	508.34
66	352.00	282.50	530.12	425.84	664.90	534.44
67	395.38	312.86	586.58	464.96	738.70	586.58
68	438.84	356.34	643.14	521.46	803.90	656.06
69	486.66	386.74	708.28	564.88	882.08	703.88
70	534.44	425.84	777.84	617.06	964.66	764.76
71	582.26	460.58	834.24	660.50	999.98	812.60
72	647.42	517.06	921.22	734.32	999.98	886.42
73	721.36	582.26	999.98	812.60	999.98	977.68
74	790.84	634.40	999.98	886.42	999.98	999.98
75	877.70	695.16	999.98	960.30	999.98	999.98
76	973.34	769.10	999.98	999.98	999.98	999.98
77	999.98	877.70	999.98	999.98	999.98	999.98
78	999.98	973.34	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	60.86	43.44	104.28	78.26	130.38	95.60
41	60.86	43.44	104.28	78.26	130.38	95.60
42	60.86	43.44	104.28	78.26	130.38	95.60
43	60.86	43.44	104.28	78.26	130.38	95.60
44	60.86	43.44	104.28	78.26	130.38	95.60
45	60.86	43.44	104.28	78.26	130.38	95.60
46	60.86	47.82	108.64	82.58	134.70	99.96
47	65.12	47.82	112.94	82.58	138.98	104.28
48	65.12	47.82	112.94	82.58	138.98	104.28
49	65.12	47.82	112.94	82.58	143.42	108.64
50	69.50	52.16	117.38	86.96	147.70	117.38
51	69.50	52.16	121.70	91.24	152.10	121.70
52	73.90	56.50	126.04	95.60	160.74	126.04
53	78.26	60.86	130.38	99.96	165.18	130.38
54	82.58	60.86	138.98	104.28	178.14	130.38
55	91.24	69.50	152.10	112.94	195.52	147.70
56	104.28	73.90	169.44	121.70	217.22	156.48
57	112.94	86.96	182.54	138.98	234.66	178.14
58	126.04	95.60	199.86	152.10	256.36	195.52
59	138.98	104.28	221.68	169.44	278.12	212.90
60	160.74	117.38	252.00	186.84	317.24	234.66
61	173.84	130.38	273.78	204.18	343.26	256.36
62	195.52	147.70	308.46	234.66	391.10	295.52
63	221.68	160.74	343.26	252.00	434.52	317.24
64	256.36	182.54	395.38	286.78	499.70	360.64
65	282.50	204.18	430.20	312.86	543.12	395.38
66	317.24	225.98	477.96	343.26	599.58	430.20
67	347.60	247.72	517.06	365.04	651.74	460.58
68	382.36	278.12	564.88	408.50	703.88	508.34
69	417.20	299.82	608.40	434.52	760.34	543.12
70	451.88	330.26	651.74	477.96	808.22	590.94
71	495.32	360.64	708.28	512.78	873.40	630.06
72	538.82	391.10	764.76	556.18	929.82	673.50
73	586.58	430.20	816.88	604.00	982.00	725.62
74	643.14	473.62	890.68	656.06	999.98	773.44
75	708.28	512.78	977.68	708.28	999.98	821.24
76	782.12	569.24	999.98	773.44	999.98	886.42
77	869.10	634.40	999.98	855.94	999.98	964.66
78	956.02	699.60	999.98	934.18	999.98	999.98
79	999.98	764.76	999.98	999.98	999.98	999.98
80		834.24		999.98		999.98
81		912.46		999.98		999.98
82		995.02		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	68.92	51.06	26.38	19.54	66.84	49.70
41	70.72	52.40	27.54	20.42	67.64	50.32
42	72.56	53.76	28.74	21.28	68.42	50.90
43	74.38	55.12	29.92	22.16	69.22	51.50
44	76.20	56.46	31.12	23.04	70.04	52.08
45	78.04	57.82	32.30	23.92	70.82	52.66
46	84.60	63.80	35.64	26.88	75.22	56.82
47	88.28	65.46	37.84	28.06	78.06	57.68
48	92.10	68.68	40.10	29.90	80.92	60.28
49	95.98	72.00	42.40	31.80	82.10	62.92
50	99.96	75.36	44.76	33.76	85.06	63.82
51	105.58	80.46	48.00	36.58	89.70	68.20
52	113.08	85.66	52.16	39.50	94.50	70.84
53	120.82	91.08	56.48	42.58	99.32	75.40
54	130.58	98.36	61.84	46.58	106.12	80.04
55	147.92	111.40	70.92	53.40	118.66	90.42
56	163.28	128.04	79.08	62.02	131.14	100.74
57	180.98	139.48	88.52	68.22	143.82	111.18
58	201.00	155.06	99.24	76.56	160.54	121.88
59	225.52	171.04	112.36	85.22	177.52	134.62
60	250.60	197.32	125.96	99.16	196.80	155.46
61	283.82	229.84	143.84	116.48	224.18	182.52
62	315.78	248.98	161.32	127.18	245.92	195.94
63	364.80	295.14	187.82	151.96	284.10	229.68
64	403.70	325.76	214.20	168.98	320.80	251.76
65	403.70	373.86	218.03	195.36	353.92	288.50
66	403.70	398.04	218.03	209.06	382.46	306.36
67	403.70	403.70	218.03	218.03	387.99	336.82
68	403.70	403.70	218.03	218.03	387.99	377.96
69	403.70	403.70	218.03	218.03	387.99	387.99
70	403.70	403.70	218.03	218.03	387.99	387.99
71	403.70	403.70	218.03	218.03	387.99	387.99
72	403.70	403.70	218.03	218.03	387.99	387.99
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.38	31.44	17.16	12.44	39.92	28.70
41	44.24	32.06	17.74	12.86	40.66	29.24
42	45.12	32.72	18.34	13.28	41.38	29.76
43	46.02	33.36	18.92	13.72	42.10	30.28
44	46.90	34.00	19.50	14.14	42.82	30.80
45	47.78	34.64	20.10	14.58	43.56	31.34
46	51.60	36.86	22.10	15.76	45.50	33.08
47	54.26	39.12	23.64	17.06	47.42	33.48
48	55.72	40.14	24.68	17.80	48.00	35.32
49	58.50	42.52	26.32	19.14	50.02	37.14
50	61.32	43.60	27.98	19.90	52.08	37.58
51	68.08	48.62	31.44	22.46	54.12	40.98
52	70.74	50.98	33.08	23.82	56.24	41.44
53	73.54	53.34	34.78	25.24	59.88	43.42
54	79.26	57.24	37.90	27.34	63.58	45.42
55	89.64	64.26	43.30	31.04	70.40	50.54
56	98.72	72.88	48.18	35.60	78.82	57.16
57	108.00	80.24	53.24	39.58	85.78	63.94
58	120.70	87.76	60.08	43.70	96.04	69.30
59	135.30	97.10	67.98	48.80	106.42	76.24
60	150.28	113.12	76.18	57.34	118.60	89.76
61	170.20	132.58	87.00	67.78	134.10	103.42
62	188.92	142.52	97.34	73.44	146.60	112.40
63	218.14	169.46	113.26	87.98	169.12	131.34
64	248.00	186.84	129.72	97.76	190.28	143.96
65	275.04	214.88	144.92	113.24	211.78	165.08
66	297.60	228.40	157.44	120.84	227.62	175.72
67	329.04	248.96	174.78	132.24	251.92	191.48
68	357.76	277.50	191.50	148.54	276.46	214.08
69	394.44	300.20	211.90	161.26	305.16	232.64
70	401.65	328.10	215.77	176.26	335.50	254.56
71	401.65	350.80	215.77	188.46	362.46	274.82
72	401.65	378.74	215.77	203.44	387.99	301.80
73	401.65	401.65	215.77	215.77	387.99	333.82
74	401.65	401.65	215.77	215.77	387.99	365.84
75	401.65	401.65	215.77	215.77	387.99	387.99
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	40.10	29.80	16.44	12.22	36.08	27.06
41	40.44	30.02	16.66	12.38	36.70	27.52
42	40.80	30.28	16.90	12.54	37.34	28.00
43	41.12	30.52	17.12	12.70	37.98	28.48
44	41.44	30.76	17.34	12.86	38.60	28.96
45	41.78	31.02	17.56	13.04	39.26	29.42
46	45.44	34.40	19.48	14.76	41.08	31.14
47	48.02	36.66	20.94	16.00	42.92	32.90
48	50.62	37.66	22.46	16.72	44.80	33.24
49	51.98	40.02	23.44	18.02	45.24	35.02
50	54.74	41.08	25.04	18.78	47.14	35.38
51	58.56	46.02	27.12	21.30	49.08	37.20
52	61.06	48.28	28.62	22.60	51.00	39.00
53	66.50	52.06	31.52	24.68	54.50	40.88
54	70.64	54.42	33.84	26.08	58.02	44.28
55	79.36	59.90	38.40	28.98	63.10	47.72
56	88.22	66.94	43.12	32.74	69.92	54.38
57	97.34	75.70	48.04	37.36	76.80	59.58
58	109.82	83.16	54.70	41.42	86.98	66.44
59	122.66	92.36	61.68	46.44	95.74	73.40
60	135.80	106.68	68.86	54.10	106.24	83.74
61	152.18	122.72	77.76	62.74	120.06	97.36
62	170.62	134.20	87.90	69.12	132.46	104.66
63	197.82	159.24	102.68	82.64	154.94	125.26
64	222.26	174.74	116.16	91.36	172.70	136.18
65	245.44	200.80	129.22	105.72	190.76	155.62
66	264.28	212.44	139.70	112.28	205.06	164.72
67	295.44	234.62	156.78	124.50	227.60	180.42
68	322.90	263.50	172.34	140.64	249.54	202.34
69	354.28	282.72	190.34	151.88	274.82	219.16
70	387.48	307.18	208.14	165.02	301.80	239.40
71	401.65	326.38	215.77	175.34	323.68	256.28
72	401.65	356.04	215.77	191.26	357.44	284.92
73	401.65	392.70	215.77	210.98	387.99	315.28
74	401.65	401.65	215.77	215.77	387.99	343.92
75	401.65	401.65	215.77	215.77	387.99	372.58
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	36.02	26.42	15.24	11.18	30.58	22.92
41	36.30	26.62	15.44	11.32	31.10	23.34
42	36.60	26.82	15.64	11.46	31.66	23.76
43	36.88	27.06	15.82	11.60	32.20	24.18
44	37.16	27.26	16.00	11.74	32.74	24.56
45	37.44	27.46	16.18	11.88	33.28	24.98
46	39.26	29.14	17.12	12.70	35.04	26.64
47	41.10	30.82	18.10	13.58	36.82	26.92
48	41.70	31.26	18.50	13.88	37.20	27.18
49	43.62	33.04	19.52	14.80	37.58	27.46
50	45.56	36.20	20.56	16.34	39.44	29.22
51	47.94	38.36	21.96	17.56	41.42	31.04
52	51.72	40.56	24.02	18.84	43.44	32.94
53	54.26	42.82	25.50	20.14	45.50	34.88
54	59.72	43.72	28.44	20.82	49.12	36.86
55	66.86	50.50	32.20	24.34	54.40	40.40
56	75.68	54.52	36.88	26.60	60.98	43.82
57	83.26	63.20	41.08	31.18	66.14	50.34
58	92.62	70.64	46.18	35.22	72.86	55.46
59	102.26	78.28	51.52	39.44	81.34	62.16
60	118.70	87.80	60.40	44.68	93.04	68.98
61	130.04	97.12	66.74	49.84	101.96	76.04
62	150.04	113.36	77.60	58.64	115.90	88.16
63	168.74	123.18	87.94	64.20	130.08	95.48
64	196.44	141.76	103.16	74.42	151.10	109.58
65	216.08	157.30	114.28	83.20	165.80	120.56
66	239.88	172.12	127.32	91.36	184.92	132.82
67	261.78	185.00	139.64	98.70	200.62	141.62
68	282.72	204.18	151.88	109.68	219.16	158.50
69	305.40	218.16	164.06	117.20	236.04	168.58
70	324.62	237.36	174.38	127.52	252.88	185.44
71	350.80	253.08	188.46	135.96	274.82	198.96
72	373.48	270.50	200.64	145.34	296.72	215.80
73	394.44	291.46	211.90	156.58	316.96	234.34
74	401.65	310.66	215.77	166.88	345.58	254.56
75	401.65	329.86	215.77	177.20	379.36	274.82
76	401.65	356.04	215.77	191.26	387.99	300.08
77	401.65	387.48	215.77	208.14	387.99	332.12
78	401.65	401.65	215.77	215.77	387.99	362.46
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	124.10	91.76	232.10	172.62	291.42	215.92
41	124.10	91.76	232.10	172.62	291.42	215.92
42	124.10	91.76	232.10	172.62	291.42	215.92
43	124.10	91.76	232.10	172.62	291.42	215.92
44	124.10	91.76	232.10	172.62	291.42	215.92
45	124.10	91.76	232.10	172.62	291.42	215.92
46	134.96	102.58	242.84	183.46	307.66	232.10
47	134.96	102.58	248.24	183.46	312.94	232.10
48	140.26	102.58	253.60	188.88	318.40	237.50
49	140.26	107.96	253.60	194.36	323.80	242.84
50	145.80	107.96	259.06	194.36	329.26	248.24
51	151.16	113.30	269.80	205.14	340.00	259.06
52	161.92	118.78	280.70	210.42	356.16	269.80
53	167.32	124.10	291.42	221.24	372.36	280.70
54	178.10	134.96	307.66	232.10	394.02	296.80
55	199.66	151.16	340.00	259.06	437.16	329.26
56	215.92	167.32	372.36	286.02	474.86	372.36
57	237.50	183.46	404.76	312.94	518.14	399.32
58	264.44	205.14	447.90	340.00	566.62	437.16
59	296.80	221.24	491.00	372.36	626.12	474.86
60	329.26	259.06	539.64	426.30	685.36	539.64
61	367.00	296.80	609.82	496.54	766.36	620.60
62	404.76	318.40	663.80	528.88	841.92	663.80
63	464.12	377.76	761.00	615.18	960.58	777.14
64	523.52	410.20	852.68	669.18	999.98	847.28
65	582.86	474.86	933.58	761.00	999.98	960.58
66	636.88	507.34	999.98	804.08	999.98	999.98
67	706.98	561.22	999.98	879.64	999.98	999.98
68	777.14	636.88	999.98	982.18	999.98	999.98
69	874.24	690.76	999.98	999.98	999.98	999.98
70	966.04	766.36	999.98	999.98	999.98	999.98
71	999.98	836.44	999.98	999.98	999.98	999.98
72	999.98	922.78	999.98	999.98	999.98	999.98
73	999.98	999.98	999.98	999.98	999.98	999.98
74	999.98	999.98	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	78.26	56.50	138.98	99.96	173.84	126.04
41	78.26	56.50	138.98	99.96	173.84	126.04
42	78.26	56.50	138.98	99.96	173.84	126.04
43	78.26	56.50	138.98	99.96	173.84	126.04
44	78.26	56.50	138.98	99.96	173.84	126.04
45	78.26	56.50	138.98	99.96	173.84	126.04
46	82.58	60.86	143.42	104.28	182.54	130.38
47	86.96	60.86	147.70	104.28	186.84	134.70
48	86.96	60.86	147.70	108.64	186.84	134.70
49	86.96	65.12	152.10	112.94	191.24	138.98
50	91.24	65.12	156.48	112.94	195.52	138.98
51	95.60	69.50	160.74	121.70	212.90	152.10
52	99.96	69.50	165.18	121.70	217.22	156.48
53	104.28	73.90	173.84	126.04	221.68	160.74
54	112.94	78.26	182.54	130.38	234.66	169.44
55	121.70	86.96	199.86	143.42	260.70	186.84
56	134.70	99.96	221.68	160.74	282.50	208.58
57	147.70	108.64	238.96	178.14	304.16	225.98
58	165.18	121.70	265.10	191.24	334.64	243.32
59	182.54	130.38	291.14	208.58	369.36	265.10
60	204.18	152.10	321.52	243.32	404.08	304.16
61	225.98	178.14	360.64	278.12	451.88	352.00
62	252.00	191.24	391.10	299.82	495.32	373.72
63	286.78	221.68	447.58	347.60	564.88	438.84
64	321.52	243.32	499.70	378.04	634.40	477.96
65	360.64	282.50	551.84	430.20	695.16	543.12
66	391.10	299.82	590.94	456.22	747.40	573.60
67	438.84	334.64	651.74	495.32	821.24	621.36
68	482.36	373.72	712.62	551.84	890.68	690.86
69	538.82	408.50	786.46	599.58	982.00	747.40
70	595.32	451.88	864.68	656.06	999.98	816.88
71	651.74	495.32	934.18	708.28	999.98	873.40
72	721.36	547.48	999.98	777.84	999.98	942.92
73	799.48	612.72	999.98	860.36	999.98	999.98
74	877.70	677.88	999.98	942.92	999.98	999.98
75	977.68	743.00	999.98	999.98	999.98	999.98
76	999.98	825.56	999.98	999.98	999.98	999.98
77	999.98	929.82	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	69.50	52.16	121.70	91.24	152.10	112.94
41	69.50	52.16	121.70	91.24	152.10	112.94
42	69.50	52.16	121.70	91.24	152.10	112.94
43	69.50	52.16	121.70	91.24	152.10	112.94
44	69.50	52.16	121.70	91.24	152.10	112.94
45	69.50	52.16	121.70	91.24	152.10	112.94
46	73.90	56.50	126.04	95.60	160.74	121.70
47	73.90	56.50	130.38	99.96	165.18	126.04
48	78.26	56.50	134.70	99.96	169.44	126.04
49	78.26	60.86	134.70	104.28	169.44	130.38
50	82.58	60.86	138.98	104.28	173.84	130.38
51	86.96	65.12	143.42	108.64	182.54	143.42
52	86.96	65.12	147.70	112.94	186.84	147.70
53	95.60	69.50	156.48	117.38	199.86	156.48
54	99.96	73.90	165.18	126.04	208.58	160.74
55	108.64	82.58	178.14	134.70	230.28	173.84
56	121.70	91.24	195.52	152.10	252.00	191.24
57	134.70	104.28	212.90	165.18	273.78	212.90
58	147.70	112.94	238.96	182.54	304.16	230.28
59	165.18	126.04	260.70	199.86	334.64	252.00
60	182.54	143.42	286.78	225.98	365.04	286.78
61	204.18	165.18	321.52	260.70	404.08	325.90
62	225.98	178.14	352.00	278.12	447.58	352.00
63	260.70	208.58	408.50	330.26	512.78	412.74
64	291.14	230.28	451.88	356.34	569.24	447.58
65	321.52	265.10	495.32	404.08	621.36	508.34
66	352.00	282.50	530.12	425.84	664.90	534.44
67	395.38	312.86	586.58	464.96	738.70	586.58
68	438.84	356.34	643.14	521.46	803.90	656.06
69	486.66	386.74	708.28	564.88	882.08	703.88
70	534.44	425.84	777.84	617.06	964.66	764.76
71	582.26	460.58	834.24	660.50	999.98	812.60
72	647.42	517.06	921.22	734.32	999.98	886.42
73	721.36	582.26	999.98	812.60	999.98	977.68
74	790.84	634.40	999.98	886.42	999.98	999.98
75	877.70	695.16	999.98	960.30	999.98	999.98
76	973.34	769.10	999.98	999.98	999.98	999.98
77	999.98	877.70	999.98	999.98	999.98	999.98
78	999.98	973.34	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	60.86	43.44	104.28	78.26	130.38	95.60
41	60.86	43.44	104.28	78.26	130.38	95.60
42	60.86	43.44	104.28	78.26	130.38	95.60
43	60.86	43.44	104.28	78.26	130.38	95.60
44	60.86	43.44	104.28	78.26	130.38	95.60
45	60.86	43.44	104.28	78.26	130.38	95.60
46	60.86	47.82	108.64	82.58	134.70	99.96
47	65.12	47.82	112.94	82.58	138.98	104.28
48	65.12	47.82	112.94	82.58	138.98	104.28
49	65.12	47.82	112.94	82.58	143.42	108.64
50	69.50	52.16	117.38	86.96	147.70	117.38
51	69.50	52.16	121.70	91.24	152.10	121.70
52	73.90	56.50	126.04	95.60	160.74	126.04
53	78.26	60.86	130.38	99.96	165.18	130.38
54	82.58	60.86	138.98	104.28	178.14	130.38
55	91.24	69.50	152.10	112.94	195.52	147.70
56	104.28	73.90	169.44	121.70	217.22	156.48
57	112.94	86.96	182.54	138.98	234.66	178.14
58	126.04	95.60	199.86	152.10	256.36	195.52
59	138.98	104.28	221.68	169.44	278.12	212.90
60	160.74	117.38	252.00	186.84	317.24	234.66
61	173.84	130.38	273.78	204.18	343.26	256.36
62	195.52	147.70	308.46	234.66	391.10	295.52
63	221.68	160.74	343.26	252.00	434.52	317.24
64	256.36	182.54	395.38	286.78	499.70	360.64
65	282.50	204.18	430.20	312.86	543.12	395.38
66	317.24	225.98	477.96	343.26	599.58	430.20
67	347.60	247.72	517.06	365.04	651.74	460.58
68	382.36	278.12	564.88	408.50	703.88	508.34
69	417.20	299.82	608.40	434.52	760.34	543.12
70	451.88	330.26	651.74	477.96	808.22	590.94
71	495.32	360.64	708.28	512.78	873.40	630.06
72	538.82	391.10	764.76	556.18	929.82	673.50
73	586.58	430.20	816.88	604.00	982.00	725.62
74	643.14	473.62	890.68	656.06	999.98	773.44
75	708.28	512.78	977.68	708.28	999.98	821.24
76	782.12	569.24	999.98	773.44	999.98	886.42
77	869.10	634.40	999.98	855.94	999.98	964.66
78	956.02	699.60	999.98	934.18	999.98	999.98
79	999.98	764.76	999.98	999.98	999.98	999.98
80		834.24		999.98		999.98
81		912.46		999.98		999.98
82		995.02		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

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Minneapolis, MN 55474

Premium Rates with Second 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	68.92	51.06	26.38	19.54	66.84	49.70
41	70.72	52.40	27.54	20.42	67.64	50.32
42	72.56	53.76	28.74	21.28	68.42	50.90
43	74.38	55.12	29.92	22.16	69.22	51.50
44	76.20	56.46	31.12	23.04	70.04	52.08
45	78.04	57.82	32.30	23.92	70.82	52.66
46	84.60	63.80	35.64	26.88	75.22	56.82
47	88.28	65.46	37.84	28.06	78.06	57.68
48	92.10	68.68	40.10	29.90	80.92	60.28
49	95.98	72.00	42.40	31.80	82.10	62.92
50	99.96	75.36	44.76	33.76	85.06	63.82
51	105.58	80.46	48.00	36.58	89.70	68.20
52	113.08	85.66	52.16	39.50	94.50	70.84
53	120.82	91.08	56.48	42.58	99.32	75.40
54	130.58	98.36	61.84	46.58	106.12	80.04
55	147.92	111.40	70.92	53.40	118.66	90.42
56	163.28	128.04	79.08	62.02	131.14	100.74
57	180.98	139.48	88.52	68.22	143.82	111.18
58	201.00	155.06	99.24	76.56	160.54	121.88
59	225.52	171.04	112.36	85.22	177.52	134.62
60	250.60	197.32	125.96	99.16	196.80	155.46
61	283.82	229.84	143.84	116.48	224.18	182.52
62	315.78	248.98	161.32	127.18	245.92	195.94
63	364.80	295.14	187.82	151.96	284.10	229.68
64	403.70	325.76	214.20	168.98	320.80	251.76
65	403.70	373.86	218.03	195.36	353.92	288.50
66	403.70	398.04	218.03	209.06	382.46	306.36
67	403.70	403.70	218.03	218.03	387.99	336.82
68	403.70	403.70	218.03	218.03	387.99	377.96
69	403.70	403.70	218.03	218.03	387.99	387.99
70	403.70	403.70	218.03	218.03	387.99	387.99
71	403.70	403.70	218.03	218.03	387.99	387.99
72	403.70	403.70	218.03	218.03	387.99	387.99
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.38	31.44	17.16	12.44	39.92	28.70
41	44.24	32.06	17.74	12.86	40.66	29.24
42	45.12	32.72	18.34	13.28	41.38	29.76
43	46.02	33.36	18.92	13.72	42.10	30.28
44	46.90	34.00	19.50	14.14	42.82	30.80
45	47.78	34.64	20.10	14.58	43.56	31.34
46	51.60	36.86	22.10	15.76	45.50	33.08
47	54.26	39.12	23.64	17.06	47.42	33.48
48	55.72	40.14	24.68	17.80	48.00	35.32
49	58.50	42.52	26.32	19.14	50.02	37.14
50	61.32	43.60	27.98	19.90	52.08	37.58
51	68.08	48.62	31.44	22.46	54.12	40.98
52	70.74	50.98	33.08	23.82	56.24	41.44
53	73.54	53.34	34.78	25.24	59.88	43.42
54	79.26	57.24	37.90	27.34	63.58	45.42
55	89.64	64.26	43.30	31.04	70.40	50.54
56	98.72	72.88	48.18	35.60	78.82	57.16
57	108.00	80.24	53.24	39.58	85.78	63.94
58	120.70	87.76	60.08	43.70	96.04	69.30
59	135.30	97.10	67.98	48.80	106.42	76.24
60	150.28	113.12	76.18	57.34	118.60	89.76
61	170.20	132.58	87.00	67.78	134.10	103.42
62	188.92	142.52	97.34	73.44	146.60	112.40
63	218.14	169.46	113.26	87.98	169.12	131.34
64	248.00	186.84	129.72	97.76	190.28	143.96
65	275.04	214.88	144.92	113.24	211.78	165.08
66	297.60	228.40	157.44	120.84	227.62	175.72
67	329.04	248.96	174.78	132.24	251.92	191.48
68	357.76	277.50	191.50	148.54	276.46	214.08
69	394.44	300.20	211.90	161.26	305.16	232.64
70	401.65	328.10	215.77	176.26	335.50	254.56
71	401.65	350.80	215.77	188.46	362.46	274.82
72	401.65	378.74	215.77	203.44	387.99	301.80
73	401.65	401.65	215.77	215.77	387.99	333.82
74	401.65	401.65	215.77	215.77	387.99	365.84
75	401.65	401.65	215.77	215.77	387.99	387.99
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	40.10	29.80	16.44	12.22	36.08	27.06
41	40.44	30.02	16.66	12.38	36.70	27.52
42	40.80	30.28	16.90	12.54	37.34	28.00
43	41.12	30.52	17.12	12.70	37.98	28.48
44	41.44	30.76	17.34	12.86	38.60	28.96
45	41.78	31.02	17.56	13.04	39.26	29.42
46	45.44	34.40	19.48	14.76	41.08	31.14
47	48.02	36.66	20.94	16.00	42.92	32.90
48	50.62	37.66	22.46	16.72	44.80	33.24
49	51.98	40.02	23.44	18.02	45.24	35.02
50	54.74	41.08	25.04	18.78	47.14	35.38
51	58.56	46.02	27.12	21.30	49.08	37.20
52	61.06	48.28	28.62	22.60	51.00	39.00
53	66.50	52.06	31.52	24.68	54.50	40.88
54	70.64	54.42	33.84	26.08	58.02	44.28
55	79.36	59.90	38.40	28.98	63.10	47.72
56	88.22	66.94	43.12	32.74	69.92	54.38
57	97.34	75.70	48.04	37.36	76.80	59.58
58	109.82	83.16	54.70	41.42	86.98	66.44
59	122.66	92.36	61.68	46.44	95.74	73.40
60	135.80	106.68	68.86	54.10	106.24	83.74
61	152.18	122.72	77.76	62.74	120.06	97.36
62	170.62	134.20	87.90	69.12	132.46	104.66
63	197.82	159.24	102.68	82.64	154.94	125.26
64	222.26	174.74	116.16	91.36	172.70	136.18
65	245.44	200.80	129.22	105.72	190.76	155.62
66	264.28	212.44	139.70	112.28	205.06	164.72
67	295.44	234.62	156.78	124.50	227.60	180.42
68	322.90	263.50	172.34	140.64	249.54	202.34
69	354.28	282.72	190.34	151.88	274.82	219.16
70	387.48	307.18	208.14	165.02	301.80	239.40
71	401.65	326.38	215.77	175.34	323.68	256.28
72	401.65	356.04	215.77	191.26	357.44	284.92
73	401.65	392.70	215.77	210.98	387.99	315.28
74	401.65	401.65	215.77	215.77	387.99	343.92
75	401.65	401.65	215.77	215.77	387.99	372.58
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Exhibit 6
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	36.02	26.42	15.24	11.18	30.58	22.92
41	36.30	26.62	15.44	11.32	31.10	23.34
42	36.60	26.82	15.64	11.46	31.66	23.76
43	36.88	27.06	15.82	11.60	32.20	24.18
44	37.16	27.26	16.00	11.74	32.74	24.56
45	37.44	27.46	16.18	11.88	33.28	24.98
46	39.26	29.14	17.12	12.70	35.04	26.64
47	41.10	30.82	18.10	13.58	36.82	26.92
48	41.70	31.26	18.50	13.88	37.20	27.18
49	43.62	33.04	19.52	14.80	37.58	27.46
50	45.56	36.20	20.56	16.34	39.44	29.22
51	47.94	38.36	21.96	17.56	41.42	31.04
52	51.72	40.56	24.02	18.84	43.44	32.94
53	54.26	42.82	25.50	20.14	45.50	34.88
54	59.72	43.72	28.44	20.82	49.12	36.86
55	66.86	50.50	32.20	24.34	54.40	40.40
56	75.68	54.52	36.88	26.60	60.98	43.82
57	83.26	63.20	41.08	31.18	66.14	50.34
58	92.62	70.64	46.18	35.22	72.86	55.46
59	102.26	78.28	51.52	39.44	81.34	62.16
60	118.70	87.80	60.40	44.68	93.04	68.98
61	130.04	97.12	66.74	49.84	101.96	76.04
62	150.04	113.36	77.60	58.64	115.90	88.16
63	168.74	123.18	87.94	64.20	130.08	95.48
64	196.44	141.76	103.16	74.42	151.10	109.58
65	216.08	157.30	114.28	83.20	165.80	120.56
66	239.88	172.12	127.32	91.36	184.92	132.82
67	261.78	185.00	139.64	98.70	200.62	141.62
68	282.72	204.18	151.88	109.68	219.16	158.50
69	305.40	218.16	164.06	117.20	236.04	168.58
70	324.62	237.36	174.38	127.52	252.88	185.44
71	350.80	253.08	188.46	135.96	274.82	198.96
72	373.48	270.50	200.64	145.34	296.72	215.80
73	394.44	291.46	211.90	156.58	316.96	234.34
74	401.65	310.66	215.77	166.88	345.58	254.56
75	401.65	329.86	215.77	177.20	379.36	274.82
76	401.65	356.04	215.77	191.26	387.99	300.08
77	401.65	387.48	215.77	208.14	387.99	332.12
78	401.65	401.65	215.77	215.77	387.99	362.46
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to the
Actuarial Memorandum for Policy Form 30225 Series**

April 2022

<u>Product</u>	<u>Form Number</u>
Nursing Home Indemnity Policy	30225-PA
Nursing Home Indemnity Policy	30225-PA1
Nursing Home Indemnity Policy	30225A-PA1

1. Purpose of Filing

This supplement has been prepared for the purpose of demonstrating the compliance of this premium rate increase filing with Chapter 18 Section 3801.303(c) and Regulation 89.83 of the Insurance Regulations for the State of Pennsylvania. It may not be appropriate for other purposes.

2. Demonstration of Compliance with Chapter 18 Section 3801.303(c)

We believe that we comply with this subsection of the regulation by submitting these premium rates before they are being used.

3. Demonstration of Compliance with Regulation 89.83

89.83(a): General. This subsection requires no action.

89.83(b): New Filings. This subsection is not applicable.

89.83(c): Revision of Current Rates.

(1): This premium rate increase filing complies with the minimum loss ratio requirement of 60%, as specified in Regulation 89a.117.

(2): Section 2 of the Actuarial Memorandum provides a description of benefits. Copies of the policy forms are enclosed with this rate filing.

(2)(i): The reason for the premium rate increase is due to a combination of actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

The company is requesting the following premium rate increases:

- a 49.6% premium rate increase for policies with a lifetime benefit period, spread over two years with an implementation schedule of two consecutive annual premium rate increases of 22.3% each; and
- a 32.5% premium rate increase for policies with non-lifetime benefit periods, spread over two years with an implementation schedule of two consecutive annual premium rate increases of 15.1% each.

Tables with current premium rates are provided in Attachment 1, and premium rate tables with the requested rate increases are provided in Attachment 2. The Pennsylvania average annual nursing home premium based on December 31, 2020

RIVERSOURCE LIFE INSURANCE COMPANY

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April 2022

inforce before and after the requested premium rate increases are as follows:

	Policies with a Lifetime Benefit Period	Policies with Non-Lifetime Benefit Periods
Before rate increase	\$2,356	\$1,791
After 1st rate increase	\$2,881	\$2,061
After 2nd rate increase	\$3,523	\$2,372

These values assume all previously approved premium rate increases have been fully implemented on all policies.

Attachment 3 provides nationwide experience for earned premiums and incurred claims, both before and after the requested premium rate increases. Attachment 4 provides nationwide experience for written premiums and paid claims, both before and after the requested premium rate increases. The actual and projected premiums in these attachments reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2022 on a nationwide basis.

Attachments 5 and 6 provide corresponding Pennsylvania-specific experience.

(2)(ii)(A): Nine prior premium rate increases have been approved and implemented on all policies issued under these policy forms in Pennsylvania:

- a 35% increase was approved in January 2005 and implemented on each policyholder's next policy anniversary beginning in April 2005;
- a 15% increase was approved in April 2008 and implemented on each policyholder's next policy anniversary beginning in July 2008;
- a 10% increase was approved in June 2009 and implemented on each policyholder's next policy anniversary beginning in September 2009;
- a 10% increase was approved in March 2011 and implemented on each policyholder's next policy anniversary beginning in June 2011;
- a 15% increase was approved in May 2013 and implemented on each policyholder's next policy anniversary beginning in August 2013;
- a 15% increase was approved in September 2015 and implemented on each policyholder's next policy anniversary beginning in December 2015;
- a 10% increase was approved in September 2017 and implemented on each policyholder's next policy anniversary beginning in December 2017;
- a 10% increase for policies with a lifetime benefit period only was approved in June 2019 and implemented on each policyholder's next policy anniversary beginning in September 2019; and
- a 20% increase was approved in March 2021 and implemented on each policyholder's next policy anniversary beginning in August 2021.

(2)(ii)(B): A commission of 1.65% of premium is currently paid. Commission rates were reduced in 2005, 2008, 2009, 2011, 2013, 2016, 2018 and 2020 so that total commissions paid before and after past sought nationwide increases in premium are

RIVERSOURCE LIFE INSURANCE COMPANY

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April 2022

similar. In addition, as part of this premium rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after the full amount of the requested increase in premium are similar.

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience are provided in Attachments 3 and 4, respectively. The actual and projected premiums in these attachments reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2022 on a nationwide basis.

Premiums earned and written since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively.

Details of reserve balances and calculation basis for both nationwide and Pennsylvania-specific experience are provided in Attachment 7.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience are provided in Attachments 3 and 4, respectively.

Claims incurred and paid since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively.

Attachments 8 and 9 provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. The actual and projected premiums in Attachment 8 reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2022 on a nationwide basis.

(2)(ii)(D): We believe that we have provided information sufficient to support the premium rate increase requested in this rate filing.

(2)(iii): We believe that data used in this premium rate increase filing is in agreement with those used in the annual statement filed with the Department.

89.83 (d): *Filing Procedure.* We believe this premium rate increase filing complies with this subsection.

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	82.96	61.34	155.14	115.40	194.80	144.34
41	82.96	61.34	155.14	115.40	194.80	144.34
42	82.96	61.34	155.14	115.40	194.80	144.34
43	82.96	61.34	155.14	115.40	194.80	144.34
44	82.96	61.34	155.14	115.40	194.80	144.34
45	82.96	61.34	155.14	115.40	194.80	144.34
46	90.22	68.56	162.32	122.64	205.66	155.14
47	90.22	68.56	165.94	122.64	209.18	155.14
48	93.76	68.56	169.52	126.26	212.84	158.76
49	93.76	72.16	169.52	129.92	216.44	162.32
50	97.46	72.16	173.16	129.92	220.10	165.94
51	101.04	75.74	180.34	137.12	227.28	173.16
52	108.24	79.40	187.64	140.66	238.08	180.34
53	111.84	82.96	194.80	147.88	248.90	187.64
54	119.06	90.22	205.66	155.14	263.38	198.40
55	133.46	101.04	227.28	173.16	292.22	220.10
56	144.34	111.84	248.90	191.18	317.42	248.90
57	158.76	122.64	270.56	209.18	346.34	266.92
58	176.76	137.12	299.40	227.28	378.76	292.22
59	198.40	147.88	328.22	248.90	418.52	317.42
60	220.10	173.16	360.72	284.96	458.12	360.72
61	245.32	198.40	407.64	331.90	512.26	414.84
62	270.56	212.84	443.72	353.52	562.78	443.72
63	310.24	252.52	508.68	411.22	642.10	519.48
64	349.94	274.20	569.98	447.32	717.84	566.36
65	389.62	317.42	624.04	508.68	786.36	642.10
66	425.72	339.14	671.00	537.48	847.72	678.16
67	472.58	375.14	739.44	588.00	927.12	735.92
68	519.48	425.72	804.40	656.54	999.98	818.86
69	584.38	461.74	894.62	710.62	999.98	883.80
70	645.74	512.26	981.20	779.16	999.98	966.74
71	707.08	559.12	999.98	840.52	999.98	999.98
72	775.56	616.84	999.98	923.48	999.98	999.98
73	862.12	692.56	999.98	999.98	999.98	999.98
74	948.72	764.78	999.98	999.98	999.98	999.98
75	999.98	836.90	999.98	999.98	999.98	999.98
76	999.98	930.68	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	59.06	42.64	104.90	75.44	131.20	95.12
41	59.06	42.64	104.90	75.44	131.20	95.12
42	59.06	42.64	104.90	75.44	131.20	95.12
43	59.06	42.64	104.90	75.44	131.20	95.12
44	59.06	42.64	104.90	75.44	131.20	95.12
45	59.06	42.64	104.90	75.44	131.20	95.12
46	62.32	45.94	108.24	78.70	137.76	98.40
47	65.62	45.94	111.48	78.70	141.02	101.66
48	65.62	45.94	111.48	82.00	141.02	101.66
49	65.62	49.16	114.80	85.24	144.34	104.90
50	68.86	49.16	118.10	85.24	147.56	104.90
51	72.16	52.46	121.32	91.84	160.68	114.80
52	75.44	52.46	124.66	91.84	163.94	118.10
53	78.70	55.78	131.20	95.12	167.30	121.32
54	85.24	59.06	137.76	98.40	177.10	127.88
55	91.84	65.62	150.84	108.24	196.76	141.02
56	101.66	75.44	167.30	121.32	213.20	157.42
57	111.48	82.00	180.36	134.44	229.56	170.56
58	124.66	91.84	200.08	144.34	252.56	183.64
59	137.76	98.40	219.72	157.42	278.76	200.08
60	154.10	114.80	242.66	183.64	304.96	229.56
61	170.56	134.44	272.18	209.90	341.04	265.66
62	190.18	144.34	295.16	226.28	373.82	282.04
63	216.44	167.30	337.80	262.34	426.32	331.20
64	242.66	183.64	377.14	285.32	478.80	360.72
65	272.18	213.20	416.48	324.68	524.66	409.90
66	295.16	226.28	446.00	344.32	564.08	432.92
67	331.20	252.56	491.88	373.82	619.80	468.94
68	364.04	282.04	537.82	416.48	672.22	521.40
69	406.66	308.30	593.56	452.52	741.12	564.08
70	449.30	341.04	652.58	495.14	809.98	616.52
71	491.88	373.82	705.04	534.56	869.06	659.16
72	544.42	413.20	770.66	587.04	934.60	711.64
73	603.38	462.44	842.84	649.34	999.98	777.22
74	662.42	511.60	921.50	711.64	999.98	839.52
75	737.88	560.76	999.98	773.96	999.98	895.24
76	823.10	623.06	999.98	846.08	999.98	970.70
77	918.24	701.76	999.98	947.76	999.98	999.98
78	999.98	773.96	999.98	999.98	999.98	999.98
79	999.98	852.64	999.98	999.98	999.98	999.98
80		928.06		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	52.46	39.38	91.84	68.86	114.80	85.24
41	52.46	39.38	91.84	68.86	114.80	85.24
42	52.46	39.38	91.84	68.86	114.80	85.24
43	52.46	39.38	91.84	68.86	114.80	85.24
44	52.46	39.38	91.84	68.86	114.80	85.24
45	52.46	39.38	91.84	68.86	114.80	85.24
46	55.78	42.64	95.12	72.16	121.32	91.84
47	55.78	42.64	98.40	75.44	124.66	95.12
48	59.06	42.64	101.66	75.44	127.88	95.12
49	59.06	45.94	101.66	78.70	127.88	98.40
50	62.32	45.94	104.90	78.70	131.20	98.40
51	65.62	49.16	108.24	82.00	137.76	108.24
52	65.62	49.16	111.48	85.24	141.02	111.48
53	72.16	52.46	118.10	88.60	150.84	118.10
54	75.44	55.78	124.66	95.12	157.42	121.32
55	82.00	62.32	134.44	101.66	173.80	131.20
56	91.84	68.86	147.56	114.80	190.18	144.34
57	101.66	78.70	160.68	124.66	206.62	160.68
58	111.48	85.24	180.36	137.76	229.56	173.80
59	124.66	95.12	196.76	150.84	252.56	190.18
60	137.76	108.24	216.44	170.56	275.50	216.44
61	154.10	124.66	242.66	196.76	304.96	245.96
62	170.56	134.44	265.66	209.90	337.80	265.66
63	196.76	157.42	308.30	249.26	387.00	311.50
64	219.72	173.80	341.04	268.92	429.62	337.80
65	242.66	200.08	373.82	304.96	468.94	383.66
66	265.66	213.20	400.10	321.38	501.80	403.36
67	298.40	236.12	442.70	350.92	557.50	442.70
68	331.20	268.92	485.38	393.56	606.72	495.14
69	367.28	291.88	534.56	426.32	665.72	531.24
70	403.36	321.38	587.04	465.70	728.04	577.18
71	439.44	347.60	629.62	498.48	773.96	613.28
72	488.62	390.24	695.26	554.20	842.84	669.00
73	544.42	439.44	764.12	613.28	918.24	737.88
74	596.86	478.80	829.66	669.00	977.26	787.00
75	662.42	524.66	914.92	724.76	999.98	842.84
76	734.60	580.46	996.94	790.36	999.98	905.16
77	826.42	662.42	999.98	891.98	999.98	999.98
78	921.50	734.60	999.98	977.26	999.98	999.98
79	993.62	800.20	999.98	999.98	999.98	999.98
80		859.20		999.98		999.98
81		928.06		999.98		999.98
82		996.94		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	45.94	32.78	78.70	59.06	98.40	72.16
41	45.94	32.78	78.70	59.06	98.40	72.16
42	45.94	32.78	78.70	59.06	98.40	72.16
43	45.94	32.78	78.70	59.06	98.40	72.16
44	45.94	32.78	78.70	59.06	98.40	72.16
45	45.94	32.78	78.70	59.06	98.40	72.16
46	45.94	36.08	82.00	62.32	101.66	75.44
47	49.16	36.08	85.24	62.32	104.90	78.70
48	49.16	36.08	85.24	62.32	104.90	78.70
49	49.16	36.08	85.24	62.32	108.24	82.00
50	52.46	39.38	88.60	65.62	111.48	88.60
51	52.46	39.38	91.84	68.86	114.80	91.84
52	55.78	42.64	95.12	72.16	121.32	95.12
53	59.06	45.94	98.40	75.44	124.66	98.40
54	62.32	45.94	104.90	78.70	134.44	98.40
55	68.86	52.46	114.80	85.24	147.56	111.48
56	78.70	55.78	127.88	91.84	163.94	118.10
57	85.24	65.62	137.76	104.90	177.10	134.44
58	95.12	72.16	150.84	114.80	193.48	147.56
59	104.90	78.70	167.30	127.88	209.90	160.68
60	121.32	88.60	190.18	141.02	239.42	177.10
61	131.20	98.40	206.62	154.10	259.06	193.48
62	147.56	111.48	232.80	177.10	295.16	223.04
63	167.30	121.32	259.06	190.18	327.94	239.42
64	193.48	137.76	298.40	216.44	377.14	272.18
65	213.20	154.10	324.68	236.12	409.90	298.40
66	239.42	170.56	360.72	259.06	452.52	324.68
67	262.34	186.96	390.24	275.50	491.88	347.60
68	288.58	209.90	426.32	308.30	531.24	383.66
69	314.86	226.28	459.16	327.94	573.84	409.90
70	341.04	249.26	491.88	360.72	609.98	446.00
71	373.82	272.18	534.56	387.00	659.16	475.52
72	406.66	295.16	577.18	419.76	701.76	508.30
73	442.70	324.68	616.52	455.84	741.12	547.64
74	485.38	357.46	672.22	495.14	793.60	583.72
75	534.56	387.00	737.88	534.56	852.64	619.80
76	590.28	429.62	803.44	583.72	924.76	669.00
77	655.92	478.80	885.46	646.00	993.62	728.04
78	721.52	528.00	960.84	705.04	999.98	783.74
79	790.36	577.18	999.98	760.82	999.98	846.08
80		629.62		819.86		908.38
81		688.66		885.46		980.54
82		750.96		954.32		999.98
83		819.86		999.98		999.98
84		895.24		999.98		999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	46.06	34.13	17.62	13.06	44.68	33.23
41	47.28	35.03	18.42	13.65	45.21	33.63
42	48.50	35.94	19.21	14.23	45.74	34.02
43	49.72	36.84	20.00	14.82	46.27	34.42
44	50.94	37.74	20.80	15.41	46.81	34.82
45	52.16	38.65	21.59	16.00	47.34	35.21
46	56.54	42.65	23.83	17.97	50.28	37.99
47	59.01	43.76	25.29	18.75	52.18	38.56
48	61.57	45.92	26.80	19.99	54.09	40.29
49	64.16	48.12	28.34	21.25	54.88	42.06
50	66.82	50.38	29.92	22.56	56.86	42.66
51	70.58	53.78	32.09	24.45	59.96	45.59
52	75.59	57.26	34.87	26.41	63.17	47.35
53	80.76	60.88	37.76	28.47	66.38	50.39
54	87.29	65.75	41.34	31.14	70.94	53.51
55	98.88	74.47	47.40	35.70	79.33	60.44
56	109.14	85.58	52.86	41.45	87.66	67.33
57	120.97	93.23	59.17	45.60	96.13	74.32
58	134.36	103.66	66.34	51.18	107.32	81.47
59	150.74	114.33	75.11	56.97	118.67	89.99
60	167.51	131.89	84.19	66.29	131.55	103.92
61	189.72	153.64	96.15	77.86	149.84	122.00
62	211.08	166.42	107.84	85.02	164.38	130.97
63	243.85	197.29	125.55	101.57	189.91	153.53
64	276.00	217.76	143.17	112.96	214.44	168.30
65	306.05	249.90	159.91	130.58	236.58	192.85
66	332.60	266.07	174.68	139.74	255.66	204.79
67	366.66	291.05	193.55	153.64	283.14	225.15
68	398.62	326.42	211.47	173.17	309.54	252.65
69	401.77	355.09	214.17	189.29	345.96	274.81
70	403.70	390.28	216.88	209.67	380.70	302.31
71	403.70	403.70	218.03	218.03	387.99	326.12
72	403.70	403.70	218.03	218.03	387.99	358.31
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

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RiverSource Life Insurance Company
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Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	32.73	23.73	12.95	9.39	30.13	21.67
41	33.39	24.21	13.39	9.71	30.68	22.06
42	34.06	24.69	13.84	10.03	31.23	22.46
43	34.73	25.18	14.28	10.35	31.77	22.85
44	35.40	25.66	14.72	10.67	32.32	23.24
45	36.06	26.15	15.16	10.99	32.87	23.64
46	38.94	27.81	16.68	11.91	34.33	24.96
47	40.95	29.52	17.85	12.87	35.79	25.27
48	42.04	30.31	18.63	13.43	36.23	26.65
49	44.15	32.09	19.86	14.43	37.75	28.03
50	46.28	32.90	21.11	15.01	39.30	28.36
51	51.37	36.70	23.73	16.96	40.84	30.92
52	53.40	38.47	24.97	17.99	42.45	31.28
53	55.50	40.25	26.25	19.04	45.19	32.77
54	59.82	43.20	28.60	20.65	47.99	34.28
55	67.65	48.49	32.69	23.43	53.14	38.13
56	74.50	55.01	36.37	26.86	59.49	43.14
57	81.51	60.56	40.19	29.86	64.74	48.25
58	91.09	66.24	45.35	32.98	72.48	52.29
59	102.11	73.29	51.31	36.83	80.32	57.55
60	113.42	85.38	57.50	43.28	89.51	67.74
61	128.46	100.07	65.66	51.15	101.21	78.05
62	142.58	107.57	73.46	55.43	110.64	84.82
63	164.63	127.90	85.48	66.41	127.63	99.12
64	187.17	141.01	97.91	73.77	143.61	108.65
65	207.58	162.18	109.38	85.46	159.83	124.60
66	224.60	172.37	118.83	91.20	171.78	132.62
67	248.34	187.89	131.91	99.80	190.14	144.50
68	270.00	209.43	144.53	112.10	208.65	161.57
69	297.68	226.57	159.92	121.71	230.30	175.58
70	325.34	247.63	174.77	133.03	253.20	192.11
71	349.07	264.76	187.52	142.23	273.55	207.41
72	375.39	285.84	201.66	153.55	299.01	227.77
73	401.65	312.18	215.77	167.71	327.02	251.94
74	401.65	337.20	215.77	181.15	357.54	276.11
75	401.65	359.58	215.77	193.17	387.99	300.29
76	401.65	389.89	215.77	209.45	387.99	328.28
77	401.65	401.65	215.77	215.77	387.99	367.73
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

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RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	30.27	22.48	12.41	9.22	27.22	20.41
41	30.52	22.66	12.58	9.34	27.70	20.77
42	30.78	22.85	12.75	9.47	28.18	21.13
43	31.03	23.04	12.92	9.59	28.66	21.49
44	31.28	23.22	13.08	9.71	29.14	21.85
45	31.53	23.41	13.25	9.84	29.62	22.21
46	34.30	25.96	14.70	11.13	30.99	23.51
47	36.25	27.66	15.81	12.07	32.39	24.83
48	38.21	28.42	16.96	12.61	33.81	25.09
49	39.24	30.19	17.69	13.61	34.15	26.43
50	41.32	30.99	18.90	14.17	35.59	26.70
51	44.20	34.73	20.47	16.08	37.05	28.07
52	46.08	36.43	21.59	17.07	38.49	29.43
53	50.19	39.29	23.78	18.62	41.13	30.86
54	53.31	41.08	25.54	19.68	43.79	33.41
55	59.89	45.21	28.98	21.88	47.63	36.02
56	66.58	50.53	32.55	24.70	52.76	41.04
57	73.46	57.13	36.26	28.20	57.97	44.97
58	82.88	62.75	41.29	31.26	65.65	50.14
59	92.57	69.71	46.54	35.04	72.26	55.39
60	102.49	80.52	51.97	40.83	80.18	63.19
61	114.85	92.63	58.70	47.35	90.61	73.47
62	128.77	101.27	66.33	52.16	99.98	78.99
63	149.31	120.18	77.49	62.37	116.93	94.53
64	167.73	131.88	87.68	68.94	130.34	102.78
65	185.24	151.55	97.52	79.78	143.97	117.45
66	199.46	160.33	105.43	84.74	154.76	124.31
67	222.98	177.06	118.32	93.96	171.77	136.16
68	243.70	198.88	130.07	106.15	188.33	152.70
69	267.39	213.38	143.65	114.63	207.41	165.41
70	292.43	231.83	157.09	124.54	227.77	180.69
71	310.87	246.33	167.00	132.33	244.29	193.41
72	338.54	268.71	181.86	144.35	269.76	215.03
73	368.82	296.38	198.13	159.22	296.48	237.95
74	392.53	316.11	210.87	169.82	321.91	259.57
75	401.65	338.54	215.77	181.86	354.99	281.20
76	401.65	363.57	215.77	195.31	386.81	306.66
77	401.65	401.65	215.77	215.77	387.99	346.09
78	401.65	401.65	215.77	215.77	387.99	379.17
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

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Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	27.19	19.94	11.50	8.44	23.07	17.31
41	27.40	20.09	11.65	8.54	23.48	17.62
42	27.62	20.25	11.79	8.65	23.89	17.93
43	27.83	20.41	11.93	8.75	24.30	18.24
44	28.05	20.57	12.08	8.86	24.71	18.54
45	28.26	20.73	12.22	8.96	25.12	18.85
46	29.63	21.99	12.93	9.59	26.45	20.10
47	31.02	23.27	13.66	10.25	27.78	20.31
48	31.46	23.60	13.97	10.48	28.07	20.52
49	32.92	24.94	14.74	11.17	28.35	20.73
50	34.38	27.32	15.52	12.33	29.77	22.05
51	36.17	28.94	16.57	13.25	31.25	23.43
52	39.04	30.61	18.12	14.21	32.78	24.87
53	40.95	32.32	19.26	15.20	34.34	26.33
54	45.07	32.99	21.46	15.70	37.07	27.81
55	50.46	38.12	24.30	18.36	41.06	30.49
56	57.11	41.14	27.84	20.06	46.03	33.06
57	62.84	47.70	30.99	23.53	49.91	38.00
58	69.90	53.31	34.85	26.58	54.99	41.85
59	77.18	59.08	38.89	29.77	61.38	46.92
60	89.58	66.26	45.59	33.72	70.21	52.06
61	98.15	73.31	50.37	37.62	76.95	57.39
62	113.23	85.56	58.57	44.26	87.46	66.53
63	127.36	92.98	66.38	48.46	98.16	72.06
64	148.26	107.00	77.85	56.18	114.04	82.71
65	163.08	118.72	86.25	62.79	125.13	91.00
66	181.04	129.90	96.09	68.94	139.56	100.23
67	197.57	139.62	105.39	74.48	151.41	106.89
68	213.38	154.10	114.63	82.78	165.41	119.62
69	230.49	164.64	123.82	88.45	178.15	127.24
70	245.01	179.14	131.62	96.24	190.85	139.96
71	264.76	191.00	142.23	102.61	207.41	150.15
72	281.87	204.16	151.42	109.68	223.94	162.87
73	297.68	219.97	159.92	118.17	239.21	176.86
74	318.76	234.46	171.24	125.95	260.82	192.11
75	342.47	248.95	183.98	133.74	286.30	207.41
76	371.44	268.71	199.54	144.35	311.73	226.48
77	399.10	292.43	214.40	157.09	343.56	250.65
78	401.65	314.80	215.77	169.11	372.80	273.55
79	401.65	339.84	215.77	182.56	387.99	295.20
80		364.86		196.01		318.10
81		393.85		211.58		343.56
82		401.65		215.77		370.27
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	124.10	91.76	232.10	172.62	291.42	215.92
41	124.10	91.76	232.10	172.62	291.42	215.92
42	124.10	91.76	232.10	172.62	291.42	215.92
43	124.10	91.76	232.10	172.62	291.42	215.92
44	124.10	91.76	232.10	172.62	291.42	215.92
45	124.10	91.76	232.10	172.62	291.42	215.92
46	134.96	102.58	242.84	183.46	307.66	232.10
47	134.96	102.58	248.24	183.46	312.94	232.10
48	140.26	102.58	253.60	188.88	318.40	237.50
49	140.26	107.96	253.60	194.36	323.80	242.84
50	145.80	107.96	259.06	194.36	329.26	248.24
51	151.16	113.30	269.80	205.14	340.00	259.06
52	161.92	118.78	280.70	210.42	356.16	269.80
53	167.32	124.10	291.42	221.24	372.36	280.70
54	178.10	134.96	307.66	232.10	394.02	296.80
55	199.66	151.16	340.00	259.06	437.16	329.26
56	215.92	167.32	372.36	286.02	474.86	372.36
57	237.50	183.46	404.76	312.94	518.14	399.32
58	264.44	205.14	447.90	340.00	566.62	437.16
59	296.80	221.24	491.00	372.36	626.12	474.86
60	329.26	259.06	539.64	426.30	685.36	539.64
61	367.00	296.80	609.82	496.54	766.36	620.60
62	404.76	318.40	663.80	528.88	841.92	663.80
63	464.12	377.76	761.00	615.18	960.58	777.14
64	523.52	410.20	852.68	669.18	999.98	847.28
65	582.86	474.86	933.58	761.00	999.98	960.58
66	636.88	507.34	999.98	804.08	999.98	999.98
67	706.98	561.22	999.98	879.64	999.98	999.98
68	777.14	636.88	999.98	982.18	999.98	999.98
69	874.24	690.76	999.98	999.98	999.98	999.98
70	966.04	766.36	999.98	999.98	999.98	999.98
71	999.98	836.44	999.98	999.98	999.98	999.98
72	999.98	922.78	999.98	999.98	999.98	999.98
73	999.98	999.98	999.98	999.98	999.98	999.98
74	999.98	999.98	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	78.26	56.50	138.98	99.96	173.84	126.04
41	78.26	56.50	138.98	99.96	173.84	126.04
42	78.26	56.50	138.98	99.96	173.84	126.04
43	78.26	56.50	138.98	99.96	173.84	126.04
44	78.26	56.50	138.98	99.96	173.84	126.04
45	78.26	56.50	138.98	99.96	173.84	126.04
46	82.58	60.86	143.42	104.28	182.54	130.38
47	86.96	60.86	147.70	104.28	186.84	134.70
48	86.96	60.86	147.70	108.64	186.84	134.70
49	86.96	65.12	152.10	112.94	191.24	138.98
50	91.24	65.12	156.48	112.94	195.52	138.98
51	95.60	69.50	160.74	121.70	212.90	152.10
52	99.96	69.50	165.18	121.70	217.22	156.48
53	104.28	73.90	173.84	126.04	221.68	160.74
54	112.94	78.26	182.54	130.38	234.66	169.44
55	121.70	86.96	199.86	143.42	260.70	186.84
56	134.70	99.96	221.68	160.74	282.50	208.58
57	147.70	108.64	238.96	178.14	304.16	225.98
58	165.18	121.70	265.10	191.24	334.64	243.32
59	182.54	130.38	291.14	208.58	369.36	265.10
60	204.18	152.10	321.52	243.32	404.08	304.16
61	225.98	178.14	360.64	278.12	451.88	352.00
62	252.00	191.24	391.10	299.82	495.32	373.72
63	286.78	221.68	447.58	347.60	564.88	438.84
64	321.52	243.32	499.70	378.04	634.40	477.96
65	360.64	282.50	551.84	430.20	695.16	543.12
66	391.10	299.82	590.94	456.22	747.40	573.60
67	438.84	334.64	651.74	495.32	821.24	621.36
68	482.36	373.72	712.62	551.84	890.68	690.86
69	538.82	408.50	786.46	599.58	982.00	747.40
70	595.32	451.88	864.68	656.06	999.98	816.88
71	651.74	495.32	934.18	708.28	999.98	873.40
72	721.36	547.48	999.98	777.84	999.98	942.92
73	799.48	612.72	999.98	860.36	999.98	999.98
74	877.70	677.88	999.98	942.92	999.98	999.98
75	977.68	743.00	999.98	999.98	999.98	999.98
76	999.98	825.56	999.98	999.98	999.98	999.98
77	999.98	929.82	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	69.50	52.16	121.70	91.24	152.10	112.94
41	69.50	52.16	121.70	91.24	152.10	112.94
42	69.50	52.16	121.70	91.24	152.10	112.94
43	69.50	52.16	121.70	91.24	152.10	112.94
44	69.50	52.16	121.70	91.24	152.10	112.94
45	69.50	52.16	121.70	91.24	152.10	112.94
46	73.90	56.50	126.04	95.60	160.74	121.70
47	73.90	56.50	130.38	99.96	165.18	126.04
48	78.26	56.50	134.70	99.96	169.44	126.04
49	78.26	60.86	134.70	104.28	169.44	130.38
50	82.58	60.86	138.98	104.28	173.84	130.38
51	86.96	65.12	143.42	108.64	182.54	143.42
52	86.96	65.12	147.70	112.94	186.84	147.70
53	95.60	69.50	156.48	117.38	199.86	156.48
54	99.96	73.90	165.18	126.04	208.58	160.74
55	108.64	82.58	178.14	134.70	230.28	173.84
56	121.70	91.24	195.52	152.10	252.00	191.24
57	134.70	104.28	212.90	165.18	273.78	212.90
58	147.70	112.94	238.96	182.54	304.16	230.28
59	165.18	126.04	260.70	199.86	334.64	252.00
60	182.54	143.42	286.78	225.98	365.04	286.78
61	204.18	165.18	321.52	260.70	404.08	325.90
62	225.98	178.14	352.00	278.12	447.58	352.00
63	260.70	208.58	408.50	330.26	512.78	412.74
64	291.14	230.28	451.88	356.34	569.24	447.58
65	321.52	265.10	495.32	404.08	621.36	508.34
66	352.00	282.50	530.12	425.84	664.90	534.44
67	395.38	312.86	586.58	464.96	738.70	586.58
68	438.84	356.34	643.14	521.46	803.90	656.06
69	486.66	386.74	708.28	564.88	882.08	703.88
70	534.44	425.84	777.84	617.06	964.66	764.76
71	582.26	460.58	834.24	660.50	999.98	812.60
72	647.42	517.06	921.22	734.32	999.98	886.42
73	721.36	582.26	999.98	812.60	999.98	977.68
74	790.84	634.40	999.98	886.42	999.98	999.98
75	877.70	695.16	999.98	960.30	999.98	999.98
76	973.34	769.10	999.98	999.98	999.98	999.98
77	999.98	877.70	999.98	999.98	999.98	999.98
78	999.98	973.34	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	60.86	43.44	104.28	78.26	130.38	95.60
41	60.86	43.44	104.28	78.26	130.38	95.60
42	60.86	43.44	104.28	78.26	130.38	95.60
43	60.86	43.44	104.28	78.26	130.38	95.60
44	60.86	43.44	104.28	78.26	130.38	95.60
45	60.86	43.44	104.28	78.26	130.38	95.60
46	60.86	47.82	108.64	82.58	134.70	99.96
47	65.12	47.82	112.94	82.58	138.98	104.28
48	65.12	47.82	112.94	82.58	138.98	104.28
49	65.12	47.82	112.94	82.58	143.42	108.64
50	69.50	52.16	117.38	86.96	147.70	117.38
51	69.50	52.16	121.70	91.24	152.10	121.70
52	73.90	56.50	126.04	95.60	160.74	126.04
53	78.26	60.86	130.38	99.96	165.18	130.38
54	82.58	60.86	138.98	104.28	178.14	130.38
55	91.24	69.50	152.10	112.94	195.52	147.70
56	104.28	73.90	169.44	121.70	217.22	156.48
57	112.94	86.96	182.54	138.98	234.66	178.14
58	126.04	95.60	199.86	152.10	256.36	195.52
59	138.98	104.28	221.68	169.44	278.12	212.90
60	160.74	117.38	252.00	186.84	317.24	234.66
61	173.84	130.38	273.78	204.18	343.26	256.36
62	195.52	147.70	308.46	234.66	391.10	295.52
63	221.68	160.74	343.26	252.00	434.52	317.24
64	256.36	182.54	395.38	286.78	499.70	360.64
65	282.50	204.18	430.20	312.86	543.12	395.38
66	317.24	225.98	477.96	343.26	599.58	430.20
67	347.60	247.72	517.06	365.04	651.74	460.58
68	382.36	278.12	564.88	408.50	703.88	508.34
69	417.20	299.82	608.40	434.52	760.34	543.12
70	451.88	330.26	651.74	477.96	808.22	590.94
71	495.32	360.64	708.28	512.78	873.40	630.06
72	538.82	391.10	764.76	556.18	929.82	673.50
73	586.58	430.20	816.88	604.00	982.00	725.62
74	643.14	473.62	890.68	656.06	999.98	773.44
75	708.28	512.78	977.68	708.28	999.98	821.24
76	782.12	569.24	999.98	773.44	999.98	886.42
77	869.10	634.40	999.98	855.94	999.98	964.66
78	956.02	699.60	999.98	934.18	999.98	999.98
79	999.98	764.76	999.98	999.98	999.98	999.98
80		834.24		999.98		999.98
81		912.46		999.98		999.98
82		995.02		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	68.92	51.06	26.38	19.54	66.84	49.70
41	70.72	52.40	27.54	20.42	67.64	50.32
42	72.56	53.76	28.74	21.28	68.42	50.90
43	74.38	55.12	29.92	22.16	69.22	51.50
44	76.20	56.46	31.12	23.04	70.04	52.08
45	78.04	57.82	32.30	23.92	70.82	52.66
46	84.60	63.80	35.64	26.88	75.22	56.82
47	88.28	65.46	37.84	28.06	78.06	57.68
48	92.10	68.68	40.10	29.90	80.92	60.28
49	95.98	72.00	42.40	31.80	82.10	62.92
50	99.96	75.36	44.76	33.76	85.06	63.82
51	105.58	80.46	48.00	36.58	89.70	68.20
52	113.08	85.66	52.16	39.50	94.50	70.84
53	120.82	91.08	56.48	42.58	99.32	75.40
54	130.58	98.36	61.84	46.58	106.12	80.04
55	147.92	111.40	70.92	53.40	118.66	90.42
56	163.28	128.04	79.08	62.02	131.14	100.74
57	180.98	139.48	88.52	68.22	143.82	111.18
58	201.00	155.06	99.24	76.56	160.54	121.88
59	225.52	171.04	112.36	85.22	177.52	134.62
60	250.60	197.32	125.96	99.16	196.80	155.46
61	283.82	229.84	143.84	116.48	224.18	182.52
62	315.78	248.98	161.32	127.18	245.92	195.94
63	364.80	295.14	187.82	151.96	284.10	229.68
64	403.70	325.76	214.20	168.98	320.80	251.76
65	403.70	373.86	218.03	195.36	353.92	288.50
66	403.70	398.04	218.03	209.06	382.46	306.36
67	403.70	403.70	218.03	218.03	387.99	336.82
68	403.70	403.70	218.03	218.03	387.99	377.96
69	403.70	403.70	218.03	218.03	387.99	387.99
70	403.70	403.70	218.03	218.03	387.99	387.99
71	403.70	403.70	218.03	218.03	387.99	387.99
72	403.70	403.70	218.03	218.03	387.99	387.99
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

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Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.38	31.44	17.16	12.44	39.92	28.70
41	44.24	32.06	17.74	12.86	40.66	29.24
42	45.12	32.72	18.34	13.28	41.38	29.76
43	46.02	33.36	18.92	13.72	42.10	30.28
44	46.90	34.00	19.50	14.14	42.82	30.80
45	47.78	34.64	20.10	14.58	43.56	31.34
46	51.60	36.86	22.10	15.76	45.50	33.08
47	54.26	39.12	23.64	17.06	47.42	33.48
48	55.72	40.14	24.68	17.80	48.00	35.32
49	58.50	42.52	26.32	19.14	50.02	37.14
50	61.32	43.60	27.98	19.90	52.08	37.58
51	68.08	48.62	31.44	22.46	54.12	40.98
52	70.74	50.98	33.08	23.82	56.24	41.44
53	73.54	53.34	34.78	25.24	59.88	43.42
54	79.26	57.24	37.90	27.34	63.58	45.42
55	89.64	64.26	43.30	31.04	70.40	50.54
56	98.72	72.88	48.18	35.60	78.82	57.16
57	108.00	80.24	53.24	39.58	85.78	63.94
58	120.70	87.76	60.08	43.70	96.04	69.30
59	135.30	97.10	67.98	48.80	106.42	76.24
60	150.28	113.12	76.18	57.34	118.60	89.76
61	170.20	132.58	87.00	67.78	134.10	103.42
62	188.92	142.52	97.34	73.44	146.60	112.40
63	218.14	169.46	113.26	87.98	169.12	131.34
64	248.00	186.84	129.72	97.76	190.28	143.96
65	275.04	214.88	144.92	113.24	211.78	165.08
66	297.60	228.40	157.44	120.84	227.62	175.72
67	329.04	248.96	174.78	132.24	251.92	191.48
68	357.76	277.50	191.50	148.54	276.46	214.08
69	394.44	300.20	211.90	161.26	305.16	232.64
70	401.65	328.10	215.77	176.26	335.50	254.56
71	401.65	350.80	215.77	188.46	362.46	274.82
72	401.65	378.74	215.77	203.44	387.99	301.80
73	401.65	401.65	215.77	215.77	387.99	333.82
74	401.65	401.65	215.77	215.77	387.99	365.84
75	401.65	401.65	215.77	215.77	387.99	387.99
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	40.10	29.80	16.44	12.22	36.08	27.06
41	40.44	30.02	16.66	12.38	36.70	27.52
42	40.80	30.28	16.90	12.54	37.34	28.00
43	41.12	30.52	17.12	12.70	37.98	28.48
44	41.44	30.76	17.34	12.86	38.60	28.96
45	41.78	31.02	17.56	13.04	39.26	29.42
46	45.44	34.40	19.48	14.76	41.08	31.14
47	48.02	36.66	20.94	16.00	42.92	32.90
48	50.62	37.66	22.46	16.72	44.80	33.24
49	51.98	40.02	23.44	18.02	45.24	35.02
50	54.74	41.08	25.04	18.78	47.14	35.38
51	58.56	46.02	27.12	21.30	49.08	37.20
52	61.06	48.28	28.62	22.60	51.00	39.00
53	66.50	52.06	31.52	24.68	54.50	40.88
54	70.64	54.42	33.84	26.08	58.02	44.28
55	79.36	59.90	38.40	28.98	63.10	47.72
56	88.22	66.94	43.12	32.74	69.92	54.38
57	97.34	75.70	48.04	37.36	76.80	59.58
58	109.82	83.16	54.70	41.42	86.98	66.44
59	122.66	92.36	61.68	46.44	95.74	73.40
60	135.80	106.68	68.86	54.10	106.24	83.74
61	152.18	122.72	77.76	62.74	120.06	97.36
62	170.62	134.20	87.90	69.12	132.46	104.66
63	197.82	159.24	102.68	82.64	154.94	125.26
64	222.26	174.74	116.16	91.36	172.70	136.18
65	245.44	200.80	129.22	105.72	190.76	155.62
66	264.28	212.44	139.70	112.28	205.06	164.72
67	295.44	234.62	156.78	124.50	227.60	180.42
68	322.90	263.50	172.34	140.64	249.54	202.34
69	354.28	282.72	190.34	151.88	274.82	219.16
70	387.48	307.18	208.14	165.02	301.80	239.40
71	401.65	326.38	215.77	175.34	323.68	256.28
72	401.65	356.04	215.77	191.26	357.44	284.92
73	401.65	392.70	215.77	210.98	387.99	315.28
74	401.65	401.65	215.77	215.77	387.99	343.92
75	401.65	401.65	215.77	215.77	387.99	372.58
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	36.02	26.42	15.24	11.18	30.58	22.92
41	36.30	26.62	15.44	11.32	31.10	23.34
42	36.60	26.82	15.64	11.46	31.66	23.76
43	36.88	27.06	15.82	11.60	32.20	24.18
44	37.16	27.26	16.00	11.74	32.74	24.56
45	37.44	27.46	16.18	11.88	33.28	24.98
46	39.26	29.14	17.12	12.70	35.04	26.64
47	41.10	30.82	18.10	13.58	36.82	26.92
48	41.70	31.26	18.50	13.88	37.20	27.18
49	43.62	33.04	19.52	14.80	37.58	27.46
50	45.56	36.20	20.56	16.34	39.44	29.22
51	47.94	38.36	21.96	17.56	41.42	31.04
52	51.72	40.56	24.02	18.84	43.44	32.94
53	54.26	42.82	25.50	20.14	45.50	34.88
54	59.72	43.72	28.44	20.82	49.12	36.86
55	66.86	50.50	32.20	24.34	54.40	40.40
56	75.68	54.52	36.88	26.60	60.98	43.82
57	83.26	63.20	41.08	31.18	66.14	50.34
58	92.62	70.64	46.18	35.22	72.86	55.46
59	102.26	78.28	51.52	39.44	81.34	62.16
60	118.70	87.80	60.40	44.68	93.04	68.98
61	130.04	97.12	66.74	49.84	101.96	76.04
62	150.04	113.36	77.60	58.64	115.90	88.16
63	168.74	123.18	87.94	64.20	130.08	95.48
64	196.44	141.76	103.16	74.42	151.10	109.58
65	216.08	157.30	114.28	83.20	165.80	120.56
66	239.88	172.12	127.32	91.36	184.92	132.82
67	261.78	185.00	139.64	98.70	200.62	141.62
68	282.72	204.18	151.88	109.68	219.16	158.50
69	305.40	218.16	164.06	117.20	236.04	168.58
70	324.62	237.36	174.38	127.52	252.88	185.44
71	350.80	253.08	188.46	135.96	274.82	198.96
72	373.48	270.50	200.64	145.34	296.72	215.80
73	394.44	291.46	211.90	156.58	316.96	234.34
74	401.65	310.66	215.77	166.88	345.58	254.56
75	401.65	329.86	215.77	177.20	379.36	274.82
76	401.65	356.04	215.77	191.26	387.99	300.08
77	401.65	387.48	215.77	208.14	387.99	332.12
78	401.65	401.65	215.77	215.77	387.99	362.46
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	124.10	91.76	232.10	172.62	291.42	215.92
41	124.10	91.76	232.10	172.62	291.42	215.92
42	124.10	91.76	232.10	172.62	291.42	215.92
43	124.10	91.76	232.10	172.62	291.42	215.92
44	124.10	91.76	232.10	172.62	291.42	215.92
45	124.10	91.76	232.10	172.62	291.42	215.92
46	134.96	102.58	242.84	183.46	307.66	232.10
47	134.96	102.58	248.24	183.46	312.94	232.10
48	140.26	102.58	253.60	188.88	318.40	237.50
49	140.26	107.96	253.60	194.36	323.80	242.84
50	145.80	107.96	259.06	194.36	329.26	248.24
51	151.16	113.30	269.80	205.14	340.00	259.06
52	161.92	118.78	280.70	210.42	356.16	269.80
53	167.32	124.10	291.42	221.24	372.36	280.70
54	178.10	134.96	307.66	232.10	394.02	296.80
55	199.66	151.16	340.00	259.06	437.16	329.26
56	215.92	167.32	372.36	286.02	474.86	372.36
57	237.50	183.46	404.76	312.94	518.14	399.32
58	264.44	205.14	447.90	340.00	566.62	437.16
59	296.80	221.24	491.00	372.36	626.12	474.86
60	329.26	259.06	539.64	426.30	685.36	539.64
61	367.00	296.80	609.82	496.54	766.36	620.60
62	404.76	318.40	663.80	528.88	841.92	663.80
63	464.12	377.76	761.00	615.18	960.58	777.14
64	523.52	410.20	852.68	669.18	999.98	847.28
65	582.86	474.86	933.58	761.00	999.98	960.58
66	636.88	507.34	999.98	804.08	999.98	999.98
67	706.98	561.22	999.98	879.64	999.98	999.98
68	777.14	636.88	999.98	982.18	999.98	999.98
69	874.24	690.76	999.98	999.98	999.98	999.98
70	966.04	766.36	999.98	999.98	999.98	999.98
71	999.98	836.44	999.98	999.98	999.98	999.98
72	999.98	922.78	999.98	999.98	999.98	999.98
73	999.98	999.98	999.98	999.98	999.98	999.98
74	999.98	999.98	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	78.26	56.50	138.98	99.96	173.84	126.04
41	78.26	56.50	138.98	99.96	173.84	126.04
42	78.26	56.50	138.98	99.96	173.84	126.04
43	78.26	56.50	138.98	99.96	173.84	126.04
44	78.26	56.50	138.98	99.96	173.84	126.04
45	78.26	56.50	138.98	99.96	173.84	126.04
46	82.58	60.86	143.42	104.28	182.54	130.38
47	86.96	60.86	147.70	104.28	186.84	134.70
48	86.96	60.86	147.70	108.64	186.84	134.70
49	86.96	65.12	152.10	112.94	191.24	138.98
50	91.24	65.12	156.48	112.94	195.52	138.98
51	95.60	69.50	160.74	121.70	212.90	152.10
52	99.96	69.50	165.18	121.70	217.22	156.48
53	104.28	73.90	173.84	126.04	221.68	160.74
54	112.94	78.26	182.54	130.38	234.66	169.44
55	121.70	86.96	199.86	143.42	260.70	186.84
56	134.70	99.96	221.68	160.74	282.50	208.58
57	147.70	108.64	238.96	178.14	304.16	225.98
58	165.18	121.70	265.10	191.24	334.64	243.32
59	182.54	130.38	291.14	208.58	369.36	265.10
60	204.18	152.10	321.52	243.32	404.08	304.16
61	225.98	178.14	360.64	278.12	451.88	352.00
62	252.00	191.24	391.10	299.82	495.32	373.72
63	286.78	221.68	447.58	347.60	564.88	438.84
64	321.52	243.32	499.70	378.04	634.40	477.96
65	360.64	282.50	551.84	430.20	695.16	543.12
66	391.10	299.82	590.94	456.22	747.40	573.60
67	438.84	334.64	651.74	495.32	821.24	621.36
68	482.36	373.72	712.62	551.84	890.68	690.86
69	538.82	408.50	786.46	599.58	982.00	747.40
70	595.32	451.88	864.68	656.06	999.98	816.88
71	651.74	495.32	934.18	708.28	999.98	873.40
72	721.36	547.48	999.98	777.84	999.98	942.92
73	799.48	612.72	999.98	860.36	999.98	999.98
74	877.70	677.88	999.98	942.92	999.98	999.98
75	977.68	743.00	999.98	999.98	999.98	999.98
76	999.98	825.56	999.98	999.98	999.98	999.98
77	999.98	929.82	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	69.50	52.16	121.70	91.24	152.10	112.94
41	69.50	52.16	121.70	91.24	152.10	112.94
42	69.50	52.16	121.70	91.24	152.10	112.94
43	69.50	52.16	121.70	91.24	152.10	112.94
44	69.50	52.16	121.70	91.24	152.10	112.94
45	69.50	52.16	121.70	91.24	152.10	112.94
46	73.90	56.50	126.04	95.60	160.74	121.70
47	73.90	56.50	130.38	99.96	165.18	126.04
48	78.26	56.50	134.70	99.96	169.44	126.04
49	78.26	60.86	134.70	104.28	169.44	130.38
50	82.58	60.86	138.98	104.28	173.84	130.38
51	86.96	65.12	143.42	108.64	182.54	143.42
52	86.96	65.12	147.70	112.94	186.84	147.70
53	95.60	69.50	156.48	117.38	199.86	156.48
54	99.96	73.90	165.18	126.04	208.58	160.74
55	108.64	82.58	178.14	134.70	230.28	173.84
56	121.70	91.24	195.52	152.10	252.00	191.24
57	134.70	104.28	212.90	165.18	273.78	212.90
58	147.70	112.94	238.96	182.54	304.16	230.28
59	165.18	126.04	260.70	199.86	334.64	252.00
60	182.54	143.42	286.78	225.98	365.04	286.78
61	204.18	165.18	321.52	260.70	404.08	325.90
62	225.98	178.14	352.00	278.12	447.58	352.00
63	260.70	208.58	408.50	330.26	512.78	412.74
64	291.14	230.28	451.88	356.34	569.24	447.58
65	321.52	265.10	495.32	404.08	621.36	508.34
66	352.00	282.50	530.12	425.84	664.90	534.44
67	395.38	312.86	586.58	464.96	738.70	586.58
68	438.84	356.34	643.14	521.46	803.90	656.06
69	486.66	386.74	708.28	564.88	882.08	703.88
70	534.44	425.84	777.84	617.06	964.66	764.76
71	582.26	460.58	834.24	660.50	999.98	812.60
72	647.42	517.06	921.22	734.32	999.98	886.42
73	721.36	582.26	999.98	812.60	999.98	977.68
74	790.84	634.40	999.98	886.42	999.98	999.98
75	877.70	695.16	999.98	960.30	999.98	999.98
76	973.34	769.10	999.98	999.98	999.98	999.98
77	999.98	877.70	999.98	999.98	999.98	999.98
78	999.98	973.34	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		5% Simple Benefit Increase Option		5% Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	60.86	43.44	104.28	78.26	130.38	95.60
41	60.86	43.44	104.28	78.26	130.38	95.60
42	60.86	43.44	104.28	78.26	130.38	95.60
43	60.86	43.44	104.28	78.26	130.38	95.60
44	60.86	43.44	104.28	78.26	130.38	95.60
45	60.86	43.44	104.28	78.26	130.38	95.60
46	60.86	47.82	108.64	82.58	134.70	99.96
47	65.12	47.82	112.94	82.58	138.98	104.28
48	65.12	47.82	112.94	82.58	138.98	104.28
49	65.12	47.82	112.94	82.58	143.42	108.64
50	69.50	52.16	117.38	86.96	147.70	117.38
51	69.50	52.16	121.70	91.24	152.10	121.70
52	73.90	56.50	126.04	95.60	160.74	126.04
53	78.26	60.86	130.38	99.96	165.18	130.38
54	82.58	60.86	138.98	104.28	178.14	130.38
55	91.24	69.50	152.10	112.94	195.52	147.70
56	104.28	73.90	169.44	121.70	217.22	156.48
57	112.94	86.96	182.54	138.98	234.66	178.14
58	126.04	95.60	199.86	152.10	256.36	195.52
59	138.98	104.28	221.68	169.44	278.12	212.90
60	160.74	117.38	252.00	186.84	317.24	234.66
61	173.84	130.38	273.78	204.18	343.26	256.36
62	195.52	147.70	308.46	234.66	391.10	295.52
63	221.68	160.74	343.26	252.00	434.52	317.24
64	256.36	182.54	395.38	286.78	499.70	360.64
65	282.50	204.18	430.20	312.86	543.12	395.38
66	317.24	225.98	477.96	343.26	599.58	430.20
67	347.60	247.72	517.06	365.04	651.74	460.58
68	382.36	278.12	564.88	408.50	703.88	508.34
69	417.20	299.82	608.40	434.52	760.34	543.12
70	451.88	330.26	651.74	477.96	808.22	590.94
71	495.32	360.64	708.28	512.78	873.40	630.06
72	538.82	391.10	764.76	556.18	929.82	673.50
73	586.58	430.20	816.88	604.00	982.00	725.62
74	643.14	473.62	890.68	656.06	999.98	773.44
75	708.28	512.78	977.68	708.28	999.98	821.24
76	782.12	569.24	999.98	773.44	999.98	886.42
77	869.10	634.40	999.98	855.94	999.98	964.66
78	956.02	699.60	999.98	934.18	999.98	999.98
79	999.98	764.76	999.98	999.98	999.98	999.98
80		834.24		999.98		999.98
81		912.46		999.98		999.98
82		995.02		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 22.3% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

LIFETIME BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	68.92	51.06	26.38	19.54	66.84	49.70
41	70.72	52.40	27.54	20.42	67.64	50.32
42	72.56	53.76	28.74	21.28	68.42	50.90
43	74.38	55.12	29.92	22.16	69.22	51.50
44	76.20	56.46	31.12	23.04	70.04	52.08
45	78.04	57.82	32.30	23.92	70.82	52.66
46	84.60	63.80	35.64	26.88	75.22	56.82
47	88.28	65.46	37.84	28.06	78.06	57.68
48	92.10	68.68	40.10	29.90	80.92	60.28
49	95.98	72.00	42.40	31.80	82.10	62.92
50	99.96	75.36	44.76	33.76	85.06	63.82
51	105.58	80.46	48.00	36.58	89.70	68.20
52	113.08	85.66	52.16	39.50	94.50	70.84
53	120.82	91.08	56.48	42.58	99.32	75.40
54	130.58	98.36	61.84	46.58	106.12	80.04
55	147.92	111.40	70.92	53.40	118.66	90.42
56	163.28	128.04	79.08	62.02	131.14	100.74
57	180.98	139.48	88.52	68.22	143.82	111.18
58	201.00	155.06	99.24	76.56	160.54	121.88
59	225.52	171.04	112.36	85.22	177.52	134.62
60	250.60	197.32	125.96	99.16	196.80	155.46
61	283.82	229.84	143.84	116.48	224.18	182.52
62	315.78	248.98	161.32	127.18	245.92	195.94
63	364.80	295.14	187.82	151.96	284.10	229.68
64	403.70	325.76	214.20	168.98	320.80	251.76
65	403.70	373.86	218.03	195.36	353.92	288.50
66	403.70	398.04	218.03	209.06	382.46	306.36
67	403.70	403.70	218.03	218.03	387.99	336.82
68	403.70	403.70	218.03	218.03	387.99	377.96
69	403.70	403.70	218.03	218.03	387.99	387.99
70	403.70	403.70	218.03	218.03	387.99	387.99
71	403.70	403.70	218.03	218.03	387.99	387.99
72	403.70	403.70	218.03	218.03	387.99	387.99
73	403.70	403.70	218.03	218.03	387.99	387.99
74	403.70	403.70	218.03	218.03	387.99	387.99
75	403.70	403.70	218.03	218.03	387.99	387.99
76	403.70	403.70	218.03	218.03	387.99	387.99
77	403.70	403.70	218.03	218.03	387.99	387.99
78	403.70	403.70	218.03	218.03	387.99	387.99
79	403.70	403.70	218.03	218.03	387.99	387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

4 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.38	31.44	17.16	12.44	39.92	28.70
41	44.24	32.06	17.74	12.86	40.66	29.24
42	45.12	32.72	18.34	13.28	41.38	29.76
43	46.02	33.36	18.92	13.72	42.10	30.28
44	46.90	34.00	19.50	14.14	42.82	30.80
45	47.78	34.64	20.10	14.58	43.56	31.34
46	51.60	36.86	22.10	15.76	45.50	33.08
47	54.26	39.12	23.64	17.06	47.42	33.48
48	55.72	40.14	24.68	17.80	48.00	35.32
49	58.50	42.52	26.32	19.14	50.02	37.14
50	61.32	43.60	27.98	19.90	52.08	37.58
51	68.08	48.62	31.44	22.46	54.12	40.98
52	70.74	50.98	33.08	23.82	56.24	41.44
53	73.54	53.34	34.78	25.24	59.88	43.42
54	79.26	57.24	37.90	27.34	63.58	45.42
55	89.64	64.26	43.30	31.04	70.40	50.54
56	98.72	72.88	48.18	35.60	78.82	57.16
57	108.00	80.24	53.24	39.58	85.78	63.94
58	120.70	87.76	60.08	43.70	96.04	69.30
59	135.30	97.10	67.98	48.80	106.42	76.24
60	150.28	113.12	76.18	57.34	118.60	89.76
61	170.20	132.58	87.00	67.78	134.10	103.42
62	188.92	142.52	97.34	73.44	146.60	112.40
63	218.14	169.46	113.26	87.98	169.12	131.34
64	248.00	186.84	129.72	97.76	190.28	143.96
65	275.04	214.88	144.92	113.24	211.78	165.08
66	297.60	228.40	157.44	120.84	227.62	175.72
67	329.04	248.96	174.78	132.24	251.92	191.48
68	357.76	277.50	191.50	148.54	276.46	214.08
69	394.44	300.20	211.90	161.26	305.16	232.64
70	401.65	328.10	215.77	176.26	335.50	254.56
71	401.65	350.80	215.77	188.46	362.46	274.82
72	401.65	378.74	215.77	203.44	387.99	301.80
73	401.65	401.65	215.77	215.77	387.99	333.82
74	401.65	401.65	215.77	215.77	387.99	365.84
75	401.65	401.65	215.77	215.77	387.99	387.99
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

3 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	40.10	29.80	16.44	12.22	36.08	27.06
41	40.44	30.02	16.66	12.38	36.70	27.52
42	40.80	30.28	16.90	12.54	37.34	28.00
43	41.12	30.52	17.12	12.70	37.98	28.48
44	41.44	30.76	17.34	12.86	38.60	28.96
45	41.78	31.02	17.56	13.04	39.26	29.42
46	45.44	34.40	19.48	14.76	41.08	31.14
47	48.02	36.66	20.94	16.00	42.92	32.90
48	50.62	37.66	22.46	16.72	44.80	33.24
49	51.98	40.02	23.44	18.02	45.24	35.02
50	54.74	41.08	25.04	18.78	47.14	35.38
51	58.56	46.02	27.12	21.30	49.08	37.20
52	61.06	48.28	28.62	22.60	51.00	39.00
53	66.50	52.06	31.52	24.68	54.50	40.88
54	70.64	54.42	33.84	26.08	58.02	44.28
55	79.36	59.90	38.40	28.98	63.10	47.72
56	88.22	66.94	43.12	32.74	69.92	54.38
57	97.34	75.70	48.04	37.36	76.80	59.58
58	109.82	83.16	54.70	41.42	86.98	66.44
59	122.66	92.36	61.68	46.44	95.74	73.40
60	135.80	106.68	68.86	54.10	106.24	83.74
61	152.18	122.72	77.76	62.74	120.06	97.36
62	170.62	134.20	87.90	69.12	132.46	104.66
63	197.82	159.24	102.68	82.64	154.94	125.26
64	222.26	174.74	116.16	91.36	172.70	136.18
65	245.44	200.80	129.22	105.72	190.76	155.62
66	264.28	212.44	139.70	112.28	205.06	164.72
67	295.44	234.62	156.78	124.50	227.60	180.42
68	322.90	263.50	172.34	140.64	249.54	202.34
69	354.28	282.72	190.34	151.88	274.82	219.16
70	387.48	307.18	208.14	165.02	301.80	239.40
71	401.65	326.38	215.77	175.34	323.68	256.28
72	401.65	356.04	215.77	191.26	357.44	284.92
73	401.65	392.70	215.77	210.98	387.99	315.28
74	401.65	401.65	215.77	215.77	387.99	343.92
75	401.65	401.65	215.77	215.77	387.99	372.58
76	401.65	401.65	215.77	215.77	387.99	387.99
77	401.65	401.65	215.77	215.77	387.99	387.99
78	401.65	401.65	215.77	215.77	387.99	387.99
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 15.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Adjusted Original Daily Benefit Amount

2 YEAR BENEFIT PERIOD						
Issue Age	2% Compound Benefit Increase Option		0% Compound Benefit Increase Option		0% Simple Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	36.02	26.42	15.24	11.18	30.58	22.92
41	36.30	26.62	15.44	11.32	31.10	23.34
42	36.60	26.82	15.64	11.46	31.66	23.76
43	36.88	27.06	15.82	11.60	32.20	24.18
44	37.16	27.26	16.00	11.74	32.74	24.56
45	37.44	27.46	16.18	11.88	33.28	24.98
46	39.26	29.14	17.12	12.70	35.04	26.64
47	41.10	30.82	18.10	13.58	36.82	26.92
48	41.70	31.26	18.50	13.88	37.20	27.18
49	43.62	33.04	19.52	14.80	37.58	27.46
50	45.56	36.20	20.56	16.34	39.44	29.22
51	47.94	38.36	21.96	17.56	41.42	31.04
52	51.72	40.56	24.02	18.84	43.44	32.94
53	54.26	42.82	25.50	20.14	45.50	34.88
54	59.72	43.72	28.44	20.82	49.12	36.86
55	66.86	50.50	32.20	24.34	54.40	40.40
56	75.68	54.52	36.88	26.60	60.98	43.82
57	83.26	63.20	41.08	31.18	66.14	50.34
58	92.62	70.64	46.18	35.22	72.86	55.46
59	102.26	78.28	51.52	39.44	81.34	62.16
60	118.70	87.80	60.40	44.68	93.04	68.98
61	130.04	97.12	66.74	49.84	101.96	76.04
62	150.04	113.36	77.60	58.64	115.90	88.16
63	168.74	123.18	87.94	64.20	130.08	95.48
64	196.44	141.76	103.16	74.42	151.10	109.58
65	216.08	157.30	114.28	83.20	165.80	120.56
66	239.88	172.12	127.32	91.36	184.92	132.82
67	261.78	185.00	139.64	98.70	200.62	141.62
68	282.72	204.18	151.88	109.68	219.16	158.50
69	305.40	218.16	164.06	117.20	236.04	168.58
70	324.62	237.36	174.38	127.52	252.88	185.44
71	350.80	253.08	188.46	135.96	274.82	198.96
72	373.48	270.50	200.64	145.34	296.72	215.80
73	394.44	291.46	211.90	156.58	316.96	234.34
74	401.65	310.66	215.77	166.88	345.58	254.56
75	401.65	329.86	215.77	177.20	379.36	274.82
76	401.65	356.04	215.77	191.26	387.99	300.08
77	401.65	387.48	215.77	208.14	387.99	332.12
78	401.65	401.65	215.77	215.77	387.99	362.46
79	401.65	401.65	215.77	215.77	387.99	387.99
80		401.65		215.77		387.99
81		401.65		215.77		387.99
82		401.65		215.77		387.99
83		401.65		215.77		387.99
84		401.65		215.77		387.99

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	145	0	0.0%	508	0	0.0%	4.50%	3.5060
	1993	2,909,132	147,512	5.1%	9,760,259	494,909	5.1%	4.50%	3.3550
	1994	14,056,923	1,815,958	12.9%	45,130,688	5,830,253	12.9%	4.50%	3.2106
	1995	29,135,820	4,025,333	13.8%	89,514,347	12,367,081	13.8%	4.50%	3.0723
	1996	46,810,839	7,171,649	15.3%	137,624,433	21,084,735	15.3%	4.50%	2.9400
	1997	64,571,437	7,987,382	12.4%	181,665,841	22,471,769	12.4%	4.50%	2.8134
	1998	74,153,156	14,712,431	19.8%	199,639,361	39,609,648	19.8%	4.50%	2.6923
	1999	72,419,551	19,544,568	27.0%	186,576,126	50,353,112	27.0%	4.50%	2.5763
	2000	69,238,887	20,192,843	29.2%	170,700,202	49,783,040	29.2%	4.50%	2.4654
	2001	66,452,906	25,530,576	38.4%	156,776,745	60,232,138	38.4%	4.50%	2.3592
	2002	64,120,108	33,665,757	52.5%	144,759,014	76,004,578	52.5%	4.50%	2.2576
	2003	61,785,299	37,208,769	60.2%	133,481,240	80,385,993	60.2%	4.50%	2.1604
	2004	59,834,116	35,199,617	58.8%	123,699,421	72,770,729	58.8%	4.50%	2.0674
	2005	58,854,574	31,915,798	54.2%	116,434,778	63,140,528	54.2%	4.50%	1.9783
	2006	68,173,789	46,177,956	67.7%	129,063,561	87,422,037	67.7%	4.50%	1.8932
	2007	65,498,235	48,550,631	74.1%	118,658,682	87,955,865	74.1%	4.50%	1.8116
	2008	63,809,968	50,837,648	79.7%	110,622,167	88,133,107	79.7%	4.50%	1.7336
	2009	67,261,519	56,375,954	83.8%	111,584,535	93,525,760	83.8%	4.50%	1.6590
	2010	69,205,559	54,886,783	79.3%	109,865,675	87,134,235	79.3%	4.50%	1.5875
	2011	67,882,895	78,137,971	115.1%	103,125,273	118,704,419	115.1%	4.50%	1.5192
	2012	68,922,829	71,927,084	104.4%	100,196,273	104,563,696	104.4%	4.50%	1.4537
Projected Future Experience	2013	66,253,754	82,052,527	123.8%	92,168,532	114,146,905	123.8%	4.50%	1.3911
	2014	69,432,058	92,797,813	133.7%	92,430,632	123,536,026	133.7%	4.50%	1.3312
	2015	66,464,593	99,208,795	149.3%	84,670,076	126,383,324	149.3%	4.50%	1.2739
	2016	67,858,932	102,126,200	150.5%	82,723,772	124,497,457	150.5%	4.50%	1.2191
	2017	66,938,508	110,745,283	165.4%	78,087,775	129,190,998	165.4%	4.50%	1.1666
	2018	66,005,271	115,392,509	174.8%	73,683,347	128,815,565	174.8%	4.50%	1.1163
	2019	63,004,169	124,066,805	196.9%	67,304,442	132,534,833	196.9%	4.50%	1.0683
	2020	60,572,102	108,507,954	179.1%	61,919,977	110,922,518	179.1%	4.50%	1.0223
	2021	58,206,423	158,236,484	271.9%	56,939,385	154,791,988	271.9%	4.50%	0.9782
	2022	59,979,297	165,328,970	275.6%	56,147,049	154,765,632	275.6%	4.50%	0.9361
	2023	55,283,702	170,713,304	308.8%	49,522,936	152,924,350	308.8%	4.50%	0.8958
	2024	49,963,382	175,033,496	350.3%	42,829,678	150,042,452	350.3%	4.50%	0.8572
	2025	44,894,703	178,849,870	398.4%	36,827,462	146,711,893	398.4%	4.50%	0.8203
	2026	40,095,418	182,211,952	454.4%	31,474,233	143,033,334	454.4%	4.50%	0.7850
	2027	35,579,149	184,421,034	518.3%	26,726,351	138,533,423	518.3%	4.50%	0.7512
	2028	31,358,307	185,080,105	590.2%	22,541,376	133,041,630	590.2%	4.50%	0.7188
	2029	27,445,792	184,057,265	670.6%	18,879,361	126,608,976	670.6%	4.50%	0.6879
	2030	23,852,291	181,408,854	760.6%	15,700,929	119,413,581	760.6%	4.50%	0.6583
	2031	20,577,865	177,122,352	860.7%	12,962,216	111,571,256	860.7%	4.50%	0.6299
	2032	17,617,667	171,138,683	971.4%	10,619,671	103,159,884	971.4%	4.50%	0.6028
	2033	14,970,334	163,499,924	1092.2%	8,635,309	94,311,342	1092.2%	4.50%	0.5768
	2034	12,628,191	154,289,340	1221.8%	6,970,617	85,165,951	1221.8%	4.50%	0.5520
	2035	10,574,037	143,729,790	1359.3%	5,585,405	75,920,766	1359.3%	4.50%	0.5282
	2036	8,786,998	132,073,145	1503.1%	4,441,585	66,759,338	1503.1%	4.50%	0.5055
	2037	7,245,036	119,615,465	1651.0%	3,504,465	57,858,683	1651.0%	4.50%	0.4837
	2038	5,925,753	106,867,953	1803.4%	2,742,891	49,466,639	1803.4%	4.50%	0.4629
	2039	4,806,826	94,298,205	1961.8%	2,129,154	41,768,805	1961.8%	4.50%	0.4429
	2040	3,866,334	82,238,833	2127.0%	1,638,822	34,858,547	2127.0%	4.50%	0.4239
	2041	3,083,075	70,934,365	2300.8%	1,250,547	28,772,178	2300.8%	4.50%	0.4056
	2042	2,436,849	60,579,663	2486.0%	945,863	23,514,005	2486.0%	4.50%	0.3882
	2043	1,908,724	51,265,209	2685.8%	708,968	19,041,721	2685.8%	4.50%	0.3714
	2044	1,481,258	42,980,699	2901.6%	526,499	15,277,090	2901.6%	4.50%	0.3554
	2045	1,138,631	35,675,858	3133.2%	387,288	12,134,596	3133.2%	4.50%	0.3401
	2046	866,715	29,288,277	3379.2%	282,105	9,532,974	3379.2%	4.50%	0.3255
	2047	653,081	23,744,796	3635.8%	203,416	7,395,827	3635.8%	4.50%	0.3115
	2048	486,961	18,986,377	3899.0%	145,143	5,659,058	3899.0%	4.50%	0.2981
	2049	359,153	14,959,939	4165.3%	102,439	4,266,930	4165.3%	4.50%	0.2852
	2050	261,896	11,611,744	4433.7%	71,482	3,169,326	4433.7%	4.50%	0.2729
	2051	188,728	8,876,582	4703.4%	49,294	2,318,456	4703.4%	4.50%	0.2612
	2052	134,330	6,695,259	4984.2%	33,575	1,673,417	4984.2%	4.50%	0.2499
	2053	94,379	4,983,031	5279.8%	22,573	1,191,830	5279.8%	4.50%	0.2392
	2054	65,407	3,657,526	5591.9%	14,970	837,128	5591.9%	4.50%	0.2289
	2055	44,669	2,645,023	5921.4%	9,783	579,319	5921.4%	4.50%	0.2190
	2056	30,024	1,882,066	6268.6%	6,293	394,463	6268.6%	4.50%	0.2096
	2057	19,827	1,315,283	6633.8%	3,977	263,800	6633.8%	4.50%	0.2006
	2058	12,835	900,665	7017.1%	2,463	172,863	7017.1%	4.50%	0.1919
	2059	8,122	602,531	7418.6%	1,492	110,663	7418.6%	4.50%	0.1837
	Past	1,681,627,072	1,480,910,105	88.1%	3,111,867,683	2,211,995,257	71.1%		
	Future	546,932,171	3,501,799,922	640.3%	421,587,066	2,277,014,113	540.1%		
	Lifetime	2,228,559,244	4,982,710,027	223.6%	3,533,454,749	4,489,009,371	127.0%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Two Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	145	0	0.0%	508	0	0.0%	4.50%	3.5060
	1993	2,909,132	147,512	5.1%	9,760,259	494,909	5.1%	4.50%	3.3550
	1994	14,056,923	1,815,958	12.9%	45,130,688	5,830,253	12.9%	4.50%	3.2106
	1995	29,135,820	4,025,333	13.8%	89,514,347	12,367,081	13.8%	4.50%	3.0723
	1996	46,810,839	7,171,649	15.3%	137,624,433	21,084,735	15.3%	4.50%	2.9400
	1997	64,571,437	7,987,382	12.4%	181,665,841	22,471,769	12.4%	4.50%	2.8134
	1998	74,153,156	14,712,431	19.8%	199,639,361	39,609,648	19.8%	4.50%	2.6923
	1999	72,419,551	19,544,568	27.0%	186,576,126	50,353,112	27.0%	4.50%	2.5763
	2000	69,238,887	20,192,843	29.2%	170,700,202	49,783,040	29.2%	4.50%	2.4654
	2001	66,452,906	25,530,576	38.4%	156,776,745	60,232,138	38.4%	4.50%	2.3592
	2002	64,120,108	33,665,757	52.5%	144,759,014	76,004,578	52.5%	4.50%	2.2576
	2003	61,785,299	37,208,769	60.2%	133,481,240	80,385,993	60.2%	4.50%	2.1604
	2004	59,834,116	35,199,617	58.8%	123,699,421	72,770,729	58.8%	4.50%	2.0674
	2005	58,854,574	31,915,798	54.2%	116,434,778	63,140,528	54.2%	4.50%	1.9783
	2006	68,173,789	46,177,956	67.7%	129,063,561	87,422,037	67.7%	4.50%	1.8932
	2007	65,498,235	48,550,631	74.1%	118,658,682	87,955,865	74.1%	4.50%	1.8116
	2008	63,809,968	50,837,648	79.7%	110,622,167	88,133,107	79.7%	4.50%	1.7336
	2009	67,261,519	56,375,954	83.8%	111,584,535	93,525,760	83.8%	4.50%	1.6590
	2010	69,205,559	54,886,783	79.3%	109,865,675	87,134,235	79.3%	4.50%	1.5875
	2011	67,882,895	78,137,971	115.1%	103,125,273	118,704,419	115.1%	4.50%	1.5192
	2012	68,922,829	71,927,084	104.4%	100,196,273	104,563,696	104.4%	4.50%	1.4537
Projected Future Experience	2013	66,253,754	82,052,527	123.8%	92,168,532	114,146,905	123.8%	4.50%	1.3911
	2014	69,432,058	92,797,813	133.7%	92,430,632	123,536,026	133.7%	4.50%	1.3312
	2015	66,464,593	99,208,795	149.3%	84,670,076	126,383,324	149.3%	4.50%	1.2739
	2016	67,858,932	102,126,200	150.5%	82,723,772	124,497,457	150.5%	4.50%	1.2191
	2017	66,938,508	110,745,283	165.4%	78,087,775	129,190,998	165.4%	4.50%	1.1666
	2018	66,005,271	115,392,509	174.8%	73,683,347	128,815,565	174.8%	4.50%	1.1163
	2019	63,004,169	124,066,805	196.9%	67,304,442	132,534,833	196.9%	4.50%	1.0683
	2020	60,572,102	108,507,954	179.1%	61,919,977	110,922,518	179.1%	4.50%	1.0223
	2021	58,206,423	158,236,484	271.9%	56,939,385	154,791,988	271.9%	4.50%	0.9782
	2022	61,523,075	164,912,923	268.1%	57,592,190	154,376,167	268.1%	4.50%	0.9361
	2023	65,883,636	168,604,634	255.9%	59,018,319	151,035,411	255.9%	4.50%	0.8958
	2024	68,573,759	171,609,591	250.3%	58,782,891	147,107,406	250.3%	4.50%	0.8572
	2025	62,585,324	174,465,683	278.8%	51,339,212	143,115,512	278.8%	4.50%	0.8203
	2026	55,945,410	176,050,194	314.7%	43,916,211	138,196,458	314.7%	4.50%	0.7850
	2027	49,688,656	176,940,885	356.1%	37,325,133	132,914,484	356.1%	4.50%	0.7512
	2028	43,833,477	177,299,632	404.5%	31,508,936	127,448,772	404.5%	4.50%	0.7188
	2029	38,398,959	176,202,338	458.9%	26,413,806	121,205,743	458.9%	4.50%	0.6879
	2030	33,401,328	173,560,294	519.6%	21,986,645	114,247,214	519.6%	4.50%	0.6583
	2031	28,841,865	169,363,307	587.2%	18,167,798	106,683,751	587.2%	4.50%	0.6299
	2032	24,714,883	163,556,475	661.8%	14,897,769	98,589,440	661.8%	4.50%	0.6028
	2033	21,019,635	156,181,618	743.0%	12,124,715	90,089,938	743.0%	4.50%	0.5768
	2034	17,746,465	147,319,217	830.1%	9,795,846	81,318,523	830.1%	4.50%	0.5520
	2035	14,872,334	137,182,319	922.4%	7,855,845	72,462,269	922.4%	4.50%	0.5282
	2036	12,369,019	126,011,130	1018.8%	6,252,199	63,695,156	1018.8%	4.50%	0.5055
	2037	10,206,582	114,087,687	1117.8%	4,936,982	55,184,865	1117.8%	4.50%	0.4837
	2038	8,354,434	101,898,539	1219.7%	3,867,069	47,166,416	1219.7%	4.50%	0.4629
	2039	6,781,943	89,888,272	1325.4%	3,004,020	39,815,453	1325.4%	4.50%	0.4429
	2040	5,458,911	78,372,661	1435.7%	2,313,867	33,219,794	1435.7%	4.50%	0.4239
	2041	4,356,025	67,583,422	1551.5%	1,766,877	27,412,979	1551.5%	4.50%	0.4056
	2042	3,445,269	57,704,954	1674.9%	1,337,282	22,398,187	1674.9%	4.50%	0.3882
	2043	2,700,316	48,822,273	1808.0%	1,002,993	18,134,328	1808.0%	4.50%	0.3714
	2044	2,096,850	40,924,536	1951.7%	745,306	14,546,246	1951.7%	4.50%	0.3554
	2045	1,612,774	33,962,976	2105.9%	548,560	11,551,985	2105.9%	4.50%	0.3401
	2046	1,228,312	27,877,373	2269.6%	399,800	9,073,742	2269.6%	4.50%	0.3255
	2047	926,040	22,597,412	2440.2%	288,435	7,038,450	2440.2%	4.50%	0.3115
	2048	690,836	18,066,324	2615.1%	205,910	5,384,828	2615.1%	4.50%	0.2981
	2049	509,761	14,233,109	2792.1%	145,396	4,059,621	2792.1%	4.50%	0.2852
	2050	371,888	11,046,225	2970.3%	101,504	3,014,972	2970.3%	4.50%	0.2729
	2051	268,104	8,443,305	3149.3%	70,026	2,205,290	3149.3%	4.50%	0.2612
	2052	190,903	6,367,775	3335.6%	47,714	1,591,566	3335.6%	4.50%	0.2499
	2053	134,177	4,738,825	3531.8%	32,092	1,133,421	3531.8%	4.50%	0.2392
	2054	93,020	3,477,955	3738.9%	21,290	796,028	3738.9%	4.50%	0.2289
	2055	63,547	2,514,944	3957.6%	13,918	550,828	3957.6%	4.50%	0.2190
	2056	42,725	1,789,363	4188.1%	8,955	375,034	4188.1%	4.50%	0.2096
	2057	28,222	1,250,403	4430.6%	5,660	250,787	4430.6%	4.50%	0.2006
	2058	18,275	856,176	4685.1%	3,507	164,325	4685.1%	4.50%	0.1919
	2059	11,566	572,731	4951.7%	2,124	105,190	4951.7%	4.50%	0.1837
Past Future Lifetime	Past	1,681,627,072	1,480,910,105	88.1%	3,111,867,683	2,211,995,257	71.1%		
	Future	707,194,726	3,374,573,965	477.2%	534,786,187	2,202,452,562	411.8%		
	Lifetime	2,388,821,799	4,855,484,070	203.3%	3,646,653,870	4,414,447,820	121.1%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	2,036	0	0.0%	7,138	0	0.0%	4.50%	3.5060
	1993	5,555,036	13,547	0.2%	18,637,381	45,449	0.2%	4.50%	3.3550
	1994	17,825,755	208,825	1.2%	57,230,775	670,447	1.2%	4.50%	3.2106
	1995	34,144,848	625,670	1.8%	104,903,649	1,922,252	1.8%	4.50%	3.0723
	1996	53,667,582	1,857,109	3.5%	157,783,339	5,459,923	3.5%	4.50%	2.9400
	1997	68,409,604	3,431,602	5.0%	192,464,175	9,654,500	5.0%	4.50%	2.8134
	1998	73,992,451	5,325,832	7.2%	199,206,703	14,338,510	7.2%	4.50%	2.6923
	1999	71,487,582	8,076,349	11.3%	184,175,075	20,807,281	11.3%	4.50%	2.5763
	2000	68,332,804	11,757,458	17.2%	168,466,361	28,986,608	17.2%	4.50%	2.4654
	2001	65,749,820	15,674,175	23.8%	155,118,013	36,978,761	23.8%	4.50%	2.3592
	2002	63,412,990	20,051,909	31.6%	143,162,609	45,269,646	31.6%	4.50%	2.2576
	2003	61,182,440	24,598,396	40.2%	132,178,821	53,142,487	40.2%	4.50%	2.1604
	2004	59,153,926	29,009,793	49.0%	122,293,216	59,974,057	49.0%	4.50%	2.0674
	2005	62,791,882	33,193,712	52.9%	124,224,142	65,668,685	52.9%	4.50%	1.9783
	2006	67,479,310	35,830,770	53.1%	127,748,804	67,833,208	53.1%	4.50%	1.8932
	2007	64,670,007	39,769,576	61.5%	117,158,238	72,047,826	61.5%	4.50%	1.8116
	2008	64,684,083	45,142,298	69.8%	112,137,548	78,259,541	69.8%	4.50%	1.7336
	2009	67,819,347	50,621,654	74.6%	112,509,953	83,979,575	74.6%	4.50%	1.6590
	2010	68,851,397	55,488,252	80.6%	109,303,433	88,089,085	80.6%	4.50%	1.5875
	2011	68,342,178	59,311,047	86.8%	103,823,000	90,103,228	86.8%	4.50%	1.5192
	2012	67,955,283	67,156,842	98.8%	98,789,706	97,628,977	98.8%	4.50%	1.4537
	2013	66,972,099	73,198,475	109.3%	93,167,853	101,829,641	109.3%	4.50%	1.3911
Projected Future Experience	2014	68,926,496	78,910,372	114.5%	91,757,609	105,048,530	114.5%	4.50%	1.3312
	2015	65,987,627	84,149,263	127.5%	84,062,463	107,198,798	127.5%	4.50%	1.2739
	2016	68,437,033	96,158,094	140.5%	83,428,509	117,222,007	140.5%	4.50%	1.2191
	2017	66,104,483	104,599,262	158.2%	77,114,834	122,021,297	158.2%	4.50%	1.1666
	2018	66,415,445	118,797,335	178.9%	74,141,234	132,616,458	178.9%	4.50%	1.1163
	2019	62,939,563	121,434,908	192.9%	67,235,426	129,723,299	192.9%	4.50%	1.0683
	2020	60,122,343	111,176,270	184.9%	61,460,211	113,650,211	184.9%	4.50%	1.0223
	2021	60,309,588	133,059,863	220.6%	58,996,768	130,163,413	220.6%	4.50%	0.9782
	2022	55,146,364	154,415,763	280.0%	51,622,906	144,549,701	280.0%	4.50%	0.9361
	2023	49,825,151	169,189,097	339.6%	44,633,187	151,558,971	339.6%	4.50%	0.8958
	2024	44,760,701	178,371,690	398.5%	38,369,829	152,904,023	398.5%	4.50%	0.8572
	2025	39,964,427	183,812,433	459.9%	32,783,120	150,782,721	459.9%	4.50%	0.8203
	2026	35,453,656	189,049,387	533.2%	27,830,527	148,400,607	533.2%	4.50%	0.7850
	2027	31,238,025	193,245,870	618.6%	23,465,385	145,162,464	618.6%	4.50%	0.7512
	2028	27,333,141	196,178,647	717.7%	19,647,956	141,019,625	717.7%	4.50%	0.7188
	2029	23,748,730	197,760,909	832.7%	16,336,233	136,035,413	832.7%	4.50%	0.6879
	2030	20,482,870	197,952,437	966.4%	13,482,985	130,303,504	966.4%	4.50%	0.6583
	2031	17,532,528	196,641,040	1121.6%	11,043,926	123,866,285	1121.6%	4.50%	0.6299
	2032	14,894,815	193,755,167	1300.8%	8,978,376	116,792,768	1300.8%	4.50%	0.6028
	2033	12,562,039	189,271,115	1506.7%	7,246,137	109,176,888	1506.7%	4.50%	0.5768
	2034	10,516,629	183,207,681	1742.1%	5,805,059	101,128,545	1742.1%	4.50%	0.5520
	2035	8,737,558	175,649,242	2010.3%	4,615,342	92,781,218	2010.3%	4.50%	0.5282
	2036	7,202,769	166,733,856	2314.9%	3,640,802	84,279,372	2314.9%	4.50%	0.5055
	2037	5,889,889	156,615,173	2659.1%	2,848,973	75,755,652	2659.1%	4.50%	0.4837
	2038	4,776,628	145,605,556	3048.3%	2,210,988	67,397,357	3048.3%	4.50%	0.4629
	2039	3,841,109	134,010,573	3488.9%	1,701,395	59,359,152	3488.9%	4.50%	0.4429
	2040	3,062,177	122,116,989	3987.9%	1,297,964	51,761,687	3987.9%	4.50%	0.4239
	2041	2,419,679	110,229,969	4555.6%	981,463	44,711,139	4555.6%	4.50%	0.4056
	2042	1,894,735	98,641,859	5206.1%	735,442	38,287,852	5206.1%	4.50%	0.3882
	2043	1,469,953	87,555,299	5956.3%	545,993	32,521,150	5956.3%	4.50%	0.3714
	2044	1,129,570	77,128,509	6828.1%	401,495	27,414,612	6828.1%	4.50%	0.3554
	2045	859,510	67,455,407	7848.1%	292,349	22,943,922	7848.1%	4.50%	0.3401
	2046	647,399	58,585,725	9049.4%	210,720	19,068,933	9049.4%	4.50%	0.3255
	2047	482,517	50,533,028	10472.8%	150,290	15,739,598	10472.8%	4.50%	0.3115
	2048	355,707	43,290,870	12170.4%	106,022	12,903,227	12170.4%	4.50%	0.2981
	2049	259,249	36,835,615	14208.6%	73,944	10,506,393	14208.6%	4.50%	0.2852
	2050	186,715	31,134,402	16674.9%	50,962	8,497,868	16674.9%	4.50%	0.2729
	2051	132,815	26,146,575	19686.5%	34,690	6,829,170	19686.5%	4.50%	0.2612
	2052	93,252	21,823,090	23402.3%	23,307	5,454,477	23402.3%	4.50%	0.2499
	2053	64,578	18,108,204	28040.6%	15,446	4,331,077	28040.6%	4.50%	0.2392
	2054	44,068	14,941,501	33905.5%	10,086	3,419,783	33905.5%	4.50%	0.2289
	2055	29,594	12,261,437	41432.2%	6,482	2,685,526	41432.2%	4.50%	0.2190
	2056	19,524	10,008,255	51260.6%	4,092	2,097,636	51260.6%	4.50%	0.2096
	2057	12,625	8,125,553	64358.5%	2,532	1,629,702	64358.5%	4.50%	0.2006
	2058	7,979	6,561,451	82232.2%	1,531	1,259,328	82232.2%	4.50%	0.1919
	2059	4,910	5,268,873	107301.2%	902	967,700	107301.2%	4.50%	0.1837
Past Future Lifetime	Past	1,701,415,451	1,295,568,798	76.1%	3,173,690,219	1,850,170,287	58.3%		
	Future	487,393,176	4,241,278,111	870.2%	380,205,604	2,574,448,459	677.1%		
	Lifetime	2,188,808,627	5,536,846,909	253.0%	3,553,895,823	4,424,618,746	124.5%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Two Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	2,036	0	0.0%	7,138	0	0.0%	4.50%	3.5060
	1993	5,555,036	13,547	0.2%	18,637,381	45,449	0.2%	4.50%	3.3550
	1994	17,825,755	208,825	1.2%	57,230,775	670,447	1.2%	4.50%	3.2106
	1995	34,144,848	625,670	1.8%	104,903,649	1,922,252	1.8%	4.50%	3.0723
	1996	53,667,582	1,857,109	3.5%	157,783,339	5,459,923	3.5%	4.50%	2.9400
	1997	68,409,604	3,431,602	5.0%	192,464,175	9,654,500	5.0%	4.50%	2.8134
	1998	73,992,451	5,325,832	7.2%	199,206,703	14,338,510	7.2%	4.50%	2.6923
	1999	71,487,582	8,076,349	11.3%	184,175,075	20,807,281	11.3%	4.50%	2.5763
	2000	68,332,804	11,757,458	17.2%	168,466,361	28,986,608	17.2%	4.50%	2.4654
	2001	65,749,820	15,674,175	23.8%	155,118,013	36,978,761	23.8%	4.50%	2.3592
	2002	63,412,990	20,051,909	31.6%	143,162,609	45,269,646	31.6%	4.50%	2.2576
	2003	61,182,440	24,598,396	40.2%	132,178,821	53,142,487	40.2%	4.50%	2.1604
	2004	59,153,926	29,009,793	49.0%	122,293,216	59,974,057	49.0%	4.50%	2.0674
	2005	62,791,882	33,193,712	52.9%	124,224,142	65,668,685	52.9%	4.50%	1.9783
	2006	67,479,310	35,830,770	53.1%	127,748,804	67,833,208	53.1%	4.50%	1.8932
	2007	64,670,007	39,769,576	61.5%	117,158,238	72,047,826	61.5%	4.50%	1.8116
	2008	64,684,083	45,142,298	69.8%	112,137,548	78,259,541	69.8%	4.50%	1.7336
	2009	67,819,347	50,621,654	74.6%	112,509,953	83,979,575	74.6%	4.50%	1.6590
	2010	68,851,397	55,488,252	80.6%	109,303,433	88,089,085	80.6%	4.50%	1.5875
	2011	68,342,178	59,311,047	86.8%	103,823,000	90,103,228	86.8%	4.50%	1.5192
	2012	67,955,283	67,156,842	98.8%	98,789,706	97,628,977	98.8%	4.50%	1.4537
	2013	66,972,099	73,198,475	109.3%	93,167,853	101,829,641	109.3%	4.50%	1.3911
Projected Future Experience	2014	68,926,496	78,910,372	114.5%	91,757,609	105,048,530	114.5%	4.50%	1.3312
	2015	65,987,627	84,149,263	127.5%	84,062,463	107,198,798	127.5%	4.50%	1.2739
	2016	68,437,033	96,158,094	140.5%	83,428,509	117,222,007	140.5%	4.50%	1.2191
	2017	66,104,483	104,599,262	158.2%	77,114,834	122,021,297	158.2%	4.50%	1.1666
	2018	66,415,445	118,797,335	178.9%	74,141,234	132,616,458	178.9%	4.50%	1.1163
	2019	62,939,563	121,434,908	192.9%	67,235,426	129,723,299	192.9%	4.50%	1.0683
	2020	60,122,343	111,176,270	184.9%	61,460,211	113,650,211	184.9%	4.50%	1.0223
	2021	63,912,872	133,046,500	208.2%	62,521,615	130,150,340	208.2%	4.50%	0.9782
	2022	68,462,458	154,087,629	225.1%	64,088,196	144,242,532	225.1%	4.50%	0.9361
	2023	68,933,819	168,114,179	243.9%	61,750,661	150,596,063	243.9%	4.50%	0.8958
	2024	62,402,802	176,393,646	282.7%	53,493,015	151,208,401	282.7%	4.50%	0.8572
	2025	55,766,733	180,757,561	324.1%	45,745,870	148,276,787	324.1%	4.50%	0.8203
	2026	49,517,220	184,708,173	373.0%	38,870,190	144,992,826	373.0%	4.50%	0.7850
	2027	43,668,858	187,705,950	429.8%	32,803,180	141,000,987	429.8%	4.50%	0.7512
	2028	38,244,546	189,727,331	496.1%	27,491,430	136,382,209	496.1%	4.50%	0.7188
	2029	33,259,189	190,657,557	573.2%	22,878,271	131,149,172	573.2%	4.50%	0.6879
	2030	28,711,281	190,409,373	663.2%	18,899,391	125,338,232	663.2%	4.50%	0.6583
	2031	24,597,679	188,823,812	767.6%	15,494,340	118,942,130	767.6%	4.50%	0.6299
	2032	20,915,491	185,801,388	888.3%	12,607,551	111,998,347	888.3%	4.50%	0.6028
	2033	17,655,055	181,304,823	1026.9%	10,183,931	104,581,707	1026.9%	4.50%	0.5768
	2034	14,792,836	175,342,024	1185.3%	8,165,476	96,786,792	1185.3%	4.50%	0.5520
	2035	12,300,411	167,985,808	1365.7%	6,497,307	88,733,249	1365.7%	4.50%	0.5282
	2036	10,147,809	159,362,607	1570.4%	5,129,438	80,553,409	1570.4%	4.50%	0.5055
	2037	8,304,467	149,612,914	1801.6%	4,016,918	72,368,619	1801.6%	4.50%	0.4837
	2038	6,739,793	139,033,235	2062.9%	3,119,690	64,355,185	2062.9%	4.50%	0.4629
	2039	5,423,641	127,911,765	2358.4%	2,402,368	56,657,723	2358.4%	4.50%	0.4429
	2040	4,326,757	116,518,391	2693.0%	1,833,981	49,388,611	2693.0%	4.50%	0.4239
	2041	3,421,185	105,142,332	3073.3%	1,387,690	42,647,507	3073.3%	4.50%	0.4056
	2042	2,680,663	94,062,086	3508.9%	1,040,500	36,510,213	3508.9%	4.50%	0.3882
	2043	2,080,947	83,468,708	4011.1%	772,938	31,003,245	4011.1%	4.50%	0.3714
	2044	1,600,010	73,511,391	4594.4%	568,709	26,128,941	4594.4%	4.50%	0.3554
	2045	1,218,150	64,278,427	5276.7%	414,335	21,863,321	5276.7%	4.50%	0.3401
	2046	918,017	55,816,146	6080.1%	298,803	18,167,469	6080.1%	4.50%	0.3255
	2047	684,554	48,136,062	7031.7%	213,219	14,993,011	7031.7%	4.50%	0.3115
	2048	504,885	41,231,050	8166.4%	150,485	12,289,279	8166.4%	4.50%	0.2981
	2049	368,139	35,077,899	9528.5%	105,002	10,005,051	9528.5%	4.50%	0.2852
	2050	265,250	29,644,817	11176.2%	72,398	8,091,298	11176.2%	4.50%	0.2729
	2051	188,753	24,892,605	13187.9%	49,300	6,501,649	13187.9%	4.50%	0.2612
	2052	132,576	20,774,132	15669.6%	33,136	5,192,300	15669.6%	4.50%	0.2499
	2053	91,843	17,236,004	18766.9%	21,967	4,122,466	18766.9%	4.50%	0.2392
	2054	62,693	14,220,439	22682.7%	14,349	3,254,747	22682.7%	4.50%	0.2289
	2055	42,114	11,668,646	27707.4%	9,224	2,555,692	27707.4%	4.50%	0.2190
	2056	27,791	9,523,579	34268.1%	5,825	1,996,052	34268.1%	4.50%	0.2096
	2057	17,976	7,731,428	43010.4%	3,605	1,550,655	43010.4%	4.50%	0.2006
	2058	11,363	6,242,716	54939.3%	2,181	1,198,154	54939.3%	4.50%	0.1919
	2059	6,994	5,012,565	71669.1%	1,285	920,625	71669.1%	4.50%	0.1837
Past Future Lifetime	Past	1,701,415,451	1,295,568,798	76.1%	3,173,690,219	1,850,170,287	58.3%		
	Future	652,407,619	4,094,975,696	627.7%	503,157,770	2,496,694,996	496.2%		
	Lifetime	2,353,823,070	5,390,544,494	229.0%	3,676,847,989	4,346,865,283	118.2%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
Before Premium Rate Increase
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.5060
	1993	198,495	1,805	0.9%	665,959	6,057	0.9%	4.50%	3.3550
	1994	1,039,265	126,983	12.2%	3,336,631	407,688	12.2%	4.50%	3.2106
	1995	2,154,579	71,906	3.3%	6,619,542	220,917	3.3%	4.50%	3.0723
	1996	3,422,671	359,618	10.5%	10,062,693	1,057,282	10.5%	4.50%	2.9400
	1997	4,629,435	717,643	15.5%	13,024,493	2,019,023	15.5%	4.50%	2.8134
	1998	5,230,752	1,138,552	21.8%	14,082,528	3,065,276	21.8%	4.50%	2.6923
	1999	4,948,106	1,096,744	22.2%	12,747,919	2,825,566	22.2%	4.50%	2.5763
	2000	4,735,631	1,469,516	31.0%	11,675,133	3,622,916	31.0%	4.50%	2.4654
	2001	4,566,709	1,900,976	41.6%	10,773,853	4,484,812	41.6%	4.50%	2.3592
	2002	4,435,831	1,965,398	44.3%	10,014,432	4,437,127	44.3%	4.50%	2.2576
	2003	4,281,714	3,054,438	71.3%	9,250,235	6,598,821	71.3%	4.50%	2.1604
	2004	4,140,260	2,442,583	59.0%	8,559,461	5,049,730	59.0%	4.50%	2.0674
	2005	4,193,113	2,440,334	58.2%	8,295,433	4,827,828	58.2%	4.50%	1.9783
	2006	4,600,332	3,417,750	74.3%	8,709,142	6,470,331	74.3%	4.50%	1.8932
	2007	4,401,631	2,032,465	46.2%	7,974,134	3,682,078	46.2%	4.50%	1.8116
	2008	4,279,536	3,271,604	76.4%	7,419,085	5,671,715	76.4%	4.50%	1.7336
	2009	4,515,170	4,132,714	91.5%	7,490,512	6,856,030	91.5%	4.50%	1.6590
	2010	4,671,023	2,568,313	55.0%	7,415,374	4,077,265	55.0%	4.50%	1.5875
	2011	4,572,404	5,084,071	111.2%	6,946,233	7,723,540	111.2%	4.50%	1.5192
	2012	4,651,639	4,688,375	100.8%	6,762,300	6,815,705	100.8%	4.50%	1.4537
	2013	4,489,987	10,069,078	224.3%	6,246,219	14,007,540	224.3%	4.50%	1.3911
Projected Future Experience	2014	4,699,614	6,203,516	132.0%	6,256,308	8,258,359	132.0%	4.50%	1.3312
	2015	4,493,374	7,523,998	167.4%	5,724,166	9,584,915	167.4%	4.50%	1.2739
	2016	4,542,145	7,643,073	168.3%	5,537,124	9,317,326	168.3%	4.50%	1.2191
	2017	4,421,517	8,434,704	190.8%	5,157,964	9,839,586	190.8%	4.50%	1.1666
	2018	4,296,366	6,477,354	150.8%	4,796,142	7,230,833	150.8%	4.50%	1.1163
	2019	4,082,039	7,431,595	182.1%	4,360,654	7,938,830	182.1%	4.50%	1.0683
	2020	3,945,413	7,545,522	191.2%	4,033,208	7,713,428	191.2%	4.50%	1.0223
	2021	3,791,481	10,594,724	279.4%	3,708,948	10,364,098	279.4%	4.50%	0.9782
	2022	3,890,592	11,083,775	284.9%	3,642,011	10,375,601	284.9%	4.50%	0.9361
	2023	3,574,045	11,421,750	319.6%	3,201,616	10,231,561	319.6%	4.50%	0.8958
	2024	3,214,725	11,668,766	363.0%	2,755,731	10,002,715	363.0%	4.50%	0.8572
	2025	2,872,666	11,866,608	413.1%	2,356,470	9,734,268	413.1%	4.50%	0.8203
	2026	2,549,381	12,008,423	471.0%	2,001,221	9,426,411	471.0%	4.50%	0.7850
	2027	2,245,992	12,059,627	536.9%	1,687,145	9,058,953	536.9%	4.50%	0.7512
	2028	1,963,955	12,004,210	611.2%	1,411,755	8,629,019	611.2%	4.50%	0.7188
	2029	1,704,247	11,832,744	694.3%	1,172,315	8,139,486	694.3%	4.50%	0.6879
	2030	1,467,562	11,549,056	787.0%	966,033	7,602,242	787.0%	4.50%	0.6583
	2031	1,253,683	11,160,799	890.2%	789,708	7,030,306	890.2%	4.50%	0.6299
	2032	1,062,092	10,661,729	1003.8%	640,214	6,426,734	1003.8%	4.50%	0.6028
	2033	892,685	10,053,442	1126.2%	514,926	5,799,107	1126.2%	4.50%	0.5768
	2034	744,555	9,344,646	1255.1%	410,986	5,158,138	1255.1%	4.50%	0.5520
	2035	616,182	8,565,157	1390.0%	325,479	4,524,276	1390.0%	4.50%	0.5282
	2036	505,899	7,728,408	1527.7%	255,718	3,906,497	1527.7%	4.50%	0.5055
	2037	411,994	6,866,741	1666.7%	199,284	3,321,482	1666.7%	4.50%	0.4837
	2038	332,760	6,020,440	1809.2%	154,027	2,786,719	1809.2%	4.50%	0.4629
	2039	266,525	5,217,863	1957.7%	118,055	2,311,220	1957.7%	4.50%	0.4429
	2040	211,680	4,473,201	2113.2%	89,725	1,896,054	2113.2%	4.50%	0.4239
	2041	166,702	3,793,983	2275.9%	67,617	1,538,903	2275.9%	4.50%	0.4056
	2042	130,169	3,189,140	2450.0%	50,525	1,237,865	2450.0%	4.50%	0.3882
	2043	100,778	2,661,016	2640.5%	37,433	988,396	2640.5%	4.50%	0.3714
	2044	77,357	2,203,534	2848.5%	27,496	783,226	2848.5%	4.50%	0.3554
	2045	58,868	1,811,283	3076.9%	20,023	616,080	3076.9%	4.50%	0.3401
	2046	44,408	1,477,851	3327.9%	14,454	481,022	3327.9%	4.50%	0.3255
	2047	33,205	1,195,120	3599.2%	10,342	372,246	3599.2%	4.50%	0.3115
	2048	24,605	955,585	3883.7%	7,334	284,821	3883.7%	4.50%	0.2981
	2049	18,066	755,949	4184.5%	5,153	215,615	4184.5%	4.50%	0.2852
	2050	13,140	589,230	4484.3%	3,586	160,825	4484.3%	4.50%	0.2729
	2051	9,465	452,294	4778.4%	2,472	118,134	4778.4%	4.50%	0.2612
	2052	6,751	343,325	5085.7%	1,687	85,811	5085.7%	4.50%	0.2499
	2053	4,765	257,837	5411.2%	1,140	61,669	5411.2%	4.50%	0.2392
	2054	3,326	191,438	5755.1%	761	43,816	5755.1%	4.50%	0.2289
	2055	2,295	140,382	6117.1%	503	30,747	6117.1%	4.50%	0.2190
	2056	1,563	101,525	6496.5%	328	21,279	6496.5%	4.50%	0.2096
	2057	1,049	72,274	6892.6%	210	14,496	6892.6%	4.50%	0.2006
	2058	692	50,524	7304.8%	133	9,697	7304.8%	4.50%	0.1919
	2059	447	34,581	7733.0%	82	6,351	7733.0%	4.50%	0.1837
Past Future Lifetime	Past	114,638,752	103,310,627	90.1%	213,936,876	153,810,525	71.9%		
	Future	34,270,354	216,458,977	631.6%	26,652,645	143,795,885	539.5%		
	Lifetime	148,909,107	319,769,604	214.7%	240,589,522	297,606,409	123.7%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
With Requested Premium Rate Increase, Spread Over Two Years
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.5060
	1993	198,495	1,805	0.9%	665,959	6,057	0.9%	4.50%	3.3550
	1994	1,039,265	126,983	12.2%	3,336,631	407,688	12.2%	4.50%	3.2106
	1995	2,154,579	71,906	3.3%	6,619,542	220,917	3.3%	4.50%	3.0723
	1996	3,422,671	359,618	10.5%	10,062,693	1,057,282	10.5%	4.50%	2.9400
	1997	4,629,435	717,643	15.5%	13,024,493	2,019,023	15.5%	4.50%	2.8134
	1998	5,230,752	1,138,552	21.8%	14,082,528	3,065,276	21.8%	4.50%	2.6923
	1999	4,948,106	1,096,744	22.2%	12,747,919	2,825,566	22.2%	4.50%	2.5763
	2000	4,735,631	1,469,516	31.0%	11,675,133	3,622,916	31.0%	4.50%	2.4654
	2001	4,566,709	1,900,976	41.6%	10,773,853	4,484,812	41.6%	4.50%	2.3592
	2002	4,435,831	1,965,398	44.3%	10,014,432	4,437,127	44.3%	4.50%	2.2576
	2003	4,281,714	3,054,438	71.3%	9,250,235	6,598,821	71.3%	4.50%	2.1604
	2004	4,140,260	2,442,583	59.0%	8,559,461	5,049,730	59.0%	4.50%	2.0674
	2005	4,193,113	2,440,334	58.2%	8,295,433	4,827,828	58.2%	4.50%	1.9783
	2006	4,600,332	3,417,750	74.3%	8,709,142	6,470,331	74.3%	4.50%	1.8932
	2007	4,401,631	2,032,465	46.2%	7,974,134	3,682,078	46.2%	4.50%	1.8116
	2008	4,279,536	3,271,604	76.4%	7,419,085	5,671,715	76.4%	4.50%	1.7336
	2009	4,515,170	4,132,714	91.5%	7,490,512	6,856,030	91.5%	4.50%	1.6590
	2010	4,671,023	2,568,313	55.0%	7,415,374	4,077,265	55.0%	4.50%	1.5875
	2011	4,572,404	5,084,071	111.2%	6,946,233	7,723,540	111.2%	4.50%	1.5192
	2012	4,651,639	4,688,375	100.8%	6,762,300	6,815,705	100.8%	4.50%	1.4537
	2013	4,489,987	10,069,078	224.3%	6,246,219	14,007,540	224.3%	4.50%	1.3911
	2014	4,699,614	6,203,516	132.0%	6,256,308	8,258,359	132.0%	4.50%	1.3312
	2015	4,493,374	7,523,998	167.4%	5,724,166	9,584,915	167.4%	4.50%	1.2739
Projected Future Experience	2016	4,542,145	7,643,073	168.3%	5,537,124	9,317,326	168.3%	4.50%	1.2191
	2017	4,421,517	8,434,704	190.8%	5,157,964	9,839,586	190.8%	4.50%	1.1666
	2018	4,296,366	6,477,354	150.8%	4,796,142	7,230,833	150.8%	4.50%	1.1163
	2019	4,082,039	7,431,595	182.1%	4,360,654	7,938,830	182.1%	4.50%	1.0683
	2020	3,945,413	7,545,522	191.2%	4,033,208	7,713,428	191.2%	4.50%	1.0223
	2021	3,791,481	10,594,724	279.4%	3,708,948	10,364,098	279.4%	4.50%	0.9782
	2022	3,988,854	11,055,251	277.2%	3,733,995	10,348,900	277.2%	4.50%	0.9361
	2023	4,238,540	11,279,503	266.1%	3,796,869	10,104,137	266.1%	4.50%	0.8958
	2024	4,376,328	11,436,859	261.3%	3,751,482	9,803,920	261.3%	4.50%	0.8572
	2025	3,975,437	11,570,049	291.0%	3,261,081	9,490,998	291.0%	4.50%	0.8203
	2026	3,532,230	11,598,113	328.4%	2,772,741	9,104,324	328.4%	4.50%	0.7850
	2027	3,115,565	11,568,735	371.3%	2,340,351	8,690,205	371.3%	4.50%	0.7512
	2028	2,727,560	11,498,347	421.6%	1,960,660	8,265,387	421.6%	4.50%	0.7188
	2029	2,369,671	11,327,012	478.0%	1,630,045	7,791,604	478.0%	4.50%	0.6879
	2030	2,042,984	11,049,024	540.8%	1,344,807	7,273,093	540.8%	4.50%	0.6583
	2031	1,747,317	10,671,810	610.8%	1,100,653	6,722,287	610.8%	4.50%	0.6299
	2032	1,482,042	10,189,532	687.5%	893,353	6,142,100	687.5%	4.50%	0.6028
	2033	1,247,117	9,603,817	770.1%	719,372	5,539,751	770.1%	4.50%	0.5768
	2034	1,041,382	8,923,044	856.8%	574,831	4,925,418	856.8%	4.50%	0.5520
	2035	862,812	8,175,644	947.6%	455,753	4,318,528	947.6%	4.50%	0.5282
	2036	709,177	7,374,418	1039.9%	358,469	3,727,565	1039.9%	4.50%	0.5055
	2037	578,169	6,550,164	1132.9%	279,663	3,168,352	1132.9%	4.50%	0.4837
	2038	467,475	5,741,196	1228.1%	216,383	2,657,463	1228.1%	4.50%	0.4629
	2039	374,819	4,974,473	1327.2%	166,024	2,203,412	1327.2%	4.50%	0.4429
	2040	297,999	4,263,439	1430.7%	126,313	1,807,142	1430.7%	4.50%	0.4239
	2041	234,921	3,615,187	1538.9%	95,288	1,466,381	1538.9%	4.50%	0.4056
	2042	183,624	3,038,143	1654.5%	71,274	1,179,256	1654.5%	4.50%	0.3882
	2043	142,307	2,534,464	1781.0%	52,858	941,390	1781.0%	4.50%	0.3714
	2044	109,343	2,098,300	1919.0%	38,865	745,821	1919.0%	4.50%	0.3554
	2045	83,290	1,724,442	2070.4%	28,330	586,542	2070.4%	4.50%	0.3401
	2046	62,893	1,406,734	2236.7%	20,471	457,875	2236.7%	4.50%	0.3255
	2047	47,071	1,137,411	2416.4%	14,661	354,271	2416.4%	4.50%	0.3115
	2048	34,912	909,295	2604.6%	10,406	271,024	2604.6%	4.50%	0.2981
	2049	25,656	719,221	2803.4%	7,318	205,139	2803.4%	4.50%	0.2852
	2050	18,676	560,524	3001.3%	5,098	152,990	3001.3%	4.50%	0.2729
	2051	13,465	430,203	3195.1%	3,517	112,364	3195.1%	4.50%	0.2612
	2052	9,610	326,517	3397.5%	2,402	81,610	3397.5%	4.50%	0.2499
	2053	6,788	245,187	3612.0%	1,624	58,643	3612.0%	4.50%	0.2392
	2054	4,742	182,027	3838.6%	1,085	41,662	3838.6%	4.50%	0.2289
	2055	3,274	133,468	4077.2%	717	29,233	4077.2%	4.50%	0.2190
	2056	2,230	96,516	4327.3%	467	20,229	4327.3%	4.50%	0.2096
	2057	1,497	68,703	4588.6%	300	13,779	4588.6%	4.50%	0.2006
	2058	988	48,024	4860.8%	190	9,217	4860.8%	4.50%	0.1919
	2059	639	32,867	5143.8%	117	6,036	5143.8%	4.50%	0.1837
Past Future Lifetime	Past	114,638,752	103,310,627	90.1%	213,936,876	153,810,525	71.9%		
	Future	43,952,885	208,752,390	474.9%	33,546,781	139,182,149	414.9%		
	Lifetime	158,591,637	312,063,017	196.8%	247,483,657	292,992,674	118.4%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
Before Premium Rate Increase
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.5060
	1993	428,520	1,809	0.4%	1,437,702	6,069	0.4%	4.50%	3.3550
	1994	1,377,954	12,506	0.9%	4,424,012	40,152	0.9%	4.50%	3.2106
	1995	2,531,150	54,866	2.2%	7,776,485	168,566	2.2%	4.50%	3.0723
	1996	3,881,793	106,254	2.7%	11,412,517	312,390	2.7%	4.50%	2.9400
	1997	4,913,193	244,529	5.0%	13,822,819	687,959	5.0%	4.50%	2.8134
	1998	5,168,391	464,909	9.0%	13,914,637	1,251,654	9.0%	4.50%	2.6923
	1999	4,870,188	752,271	15.4%	12,547,175	1,938,093	15.4%	4.50%	2.5763
	2000	4,674,831	916,902	19.6%	11,525,238	2,260,512	19.6%	4.50%	2.4654
	2001	4,523,182	1,232,861	27.3%	10,671,163	2,908,585	27.3%	4.50%	2.3592
	2002	4,391,322	1,521,628	34.7%	9,913,949	3,435,261	34.7%	4.50%	2.2576
	2003	4,239,391	1,708,154	40.3%	9,158,799	3,690,304	40.3%	4.50%	2.1604
	2004	4,069,504	2,133,858	52.4%	8,413,181	4,411,479	52.4%	4.50%	2.0674
	2005	4,408,787	2,728,800	61.9%	8,722,111	5,398,513	61.9%	4.50%	1.9783
	2006	4,532,360	2,737,830	60.4%	8,580,460	5,183,137	60.4%	4.50%	1.8932
	2007	4,325,276	2,569,947	59.4%	7,835,808	4,655,798	59.4%	4.50%	1.8116
	2008	4,350,070	2,632,002	60.5%	7,541,363	4,562,889	60.5%	4.50%	1.7336
	2009	4,570,687	3,214,823	70.3%	7,582,612	5,333,280	70.3%	4.50%	1.6590
	2010	4,632,307	3,383,414	73.0%	7,353,911	5,371,261	73.0%	4.50%	1.5875
	2011	4,602,731	3,243,667	70.5%	6,992,305	4,927,664	70.5%	4.50%	1.5192
	2012	4,590,918	4,260,495	92.8%	6,674,027	6,193,677	92.8%	4.50%	1.4537
	2013	4,523,000	5,187,599	114.7%	6,292,146	7,216,699	114.7%	4.50%	1.3911
Projected Future Experience	2014	4,661,855	5,853,317	125.6%	6,206,042	7,792,161	125.6%	4.50%	1.3312
	2015	4,437,776	6,088,908	137.2%	5,653,339	7,756,736	137.2%	4.50%	1.2739
	2016	4,572,063	7,278,947	159.2%	5,573,597	8,873,437	159.2%	4.50%	1.2191
	2017	4,357,546	7,375,573	169.3%	5,083,339	8,604,047	169.3%	4.50%	1.1666
	2018	4,297,750	7,857,696	182.8%	4,797,686	8,771,744	182.8%	4.50%	1.1163
	2019	4,075,182	8,203,571	201.3%	4,353,329	8,763,496	201.3%	4.50%	1.0683
	2020	3,929,784	7,929,637	201.8%	4,017,231	8,106,091	201.8%	4.50%	1.0223
	2021	3,917,990	8,601,121	219.5%	3,832,704	8,413,892	219.5%	4.50%	0.9782
	2022	3,918,845	9,172,827	234.1%	3,668,459	8,586,749	234.1%	4.50%	0.9361
	2023	3,565,627	10,583,758	296.8%	3,194,076	9,480,892	296.8%	4.50%	0.8958
	2024	3,206,041	11,549,873	360.3%	2,748,287	9,900,797	360.3%	4.50%	0.8572
	2025	2,864,048	12,116,688	423.1%	2,349,400	9,939,410	423.1%	4.50%	0.8203
	2026	2,540,826	12,373,836	487.0%	1,994,506	9,713,254	487.0%	4.50%	0.7850
	2027	2,237,648	12,615,750	563.8%	1,680,877	9,476,701	563.8%	4.50%	0.7512
	2028	1,955,913	12,787,375	653.8%	1,405,974	9,191,983	653.8%	4.50%	0.7188
	2029	1,696,688	12,872,094	758.7%	1,167,115	8,854,433	758.7%	4.50%	0.6879
	2030	1,460,609	12,860,225	880.5%	961,456	8,465,329	880.5%	4.50%	0.6583
	2031	1,247,346	12,750,845	1022.2%	785,717	8,031,893	1022.2%	4.50%	0.6299
	2032	1,056,428	12,539,786	1187.0%	636,799	7,558,799	1187.0%	4.50%	0.6028
	2033	887,705	12,223,808	1377.0%	512,053	7,051,035	1377.0%	4.50%	0.5768
	2034	740,242	11,804,477	1594.7%	408,605	6,515,936	1594.7%	4.50%	0.5520
	2035	612,481	11,285,850	1842.6%	323,524	5,961,397	1842.6%	4.50%	0.5282
	2036	502,746	10,677,717	2123.9%	254,124	5,397,292	2123.9%	4.50%	0.5055
	2037	409,325	9,991,761	2441.0%	197,993	4,833,072	2441.0%	4.50%	0.4837
	2038	330,515	9,245,065	2797.2%	152,987	4,279,321	2797.2%	4.50%	0.4629
	2039	264,647	8,461,129	3197.1%	117,224	3,747,805	3197.1%	4.50%	0.4429
	2040	210,117	7,663,316	3647.2%	89,062	3,248,247	3647.2%	4.50%	0.4239
	2041	165,406	6,872,061	4154.7%	67,092	2,787,424	4154.7%	4.50%	0.4056
	2042	129,099	6,105,407	4729.3%	50,110	2,369,815	4729.3%	4.50%	0.3882
	2043	99,897	5,380,296	5385.8%	37,105	1,998,433	5385.8%	4.50%	0.3714
	2044	76,634	4,705,098	6139.7%	27,239	1,672,383	6139.7%	4.50%	0.3554
	2045	58,277	4,088,282	7015.3%	19,822	1,390,566	7015.3%	4.50%	0.3401
	2046	43,927	3,531,244	8038.9%	14,298	1,149,376	8038.9%	4.50%	0.3255
	2047	32,815	3,033,648	9244.7%	10,221	944,895	9244.7%	4.50%	0.3115
	2048	24,291	2,592,716	10673.5%	7,240	772,782	10673.5%	4.50%	0.2981
	2049	17,815	2,204,652	12375.5%	5,081	628,819	12375.5%	4.50%	0.2852
	2050	12,941	1,865,282	14413.5%	3,532	509,113	14413.5%	4.50%	0.2729
	2051	9,310	1,569,833	16862.4%	2,432	410,021	16862.4%	4.50%	0.2612
	2052	6,630	1,314,427	19824.8%	1,657	328,529	19824.8%	4.50%	0.2499
	2053	4,673	1,095,229	23438.8%	1,118	261,954	23438.8%	4.50%	0.2392
	2054	3,257	908,384	27890.3%	745	207,909	27890.3%	4.50%	0.2289
	2055	2,243	750,063	33432.9%	491	164,280	33432.9%	4.50%	0.2190
	2056	1,525	616,654	40426.2%	320	129,245	40426.2%	4.50%	0.2096
	2057	1,022	504,795	49393.3%	205	101,244	49393.3%	4.50%	0.2006
	2058	673	411,409	61113.2%	129	78,961	61113.2%	4.50%	0.1919
	2059	435	333,764	76778.7%	80	61,300	76778.7%	4.50%	0.1837
Past Future Lifetime	Past	115,937,511	89,696,775	77.4%	218,276,983	128,621,655	58.9%		
	Future	34,316,657	270,060,544	787.0%	26,729,857	164,615,288	615.8%		
	Lifetime	150,254,168	359,757,319	239.4%	245,006,840	293,236,943	119.7%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
With Requested Premium Rate Increase, Spread Over Two Years
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.5060
	1993	428,520	1,809	0.4%	1,437,702	6,069	0.4%	4.50%	3.3550
	1994	1,377,954	12,506	0.9%	4,424,012	40,152	0.9%	4.50%	3.2106
	1995	2,531,150	54,866	2.2%	7,776,485	168,566	2.2%	4.50%	3.0723
	1996	3,881,793	106,254	2.7%	11,412,517	312,390	2.7%	4.50%	2.9400
	1997	4,913,193	244,529	5.0%	13,822,819	687,959	5.0%	4.50%	2.8134
	1998	5,168,391	464,909	9.0%	13,914,637	1,251,654	9.0%	4.50%	2.6923
	1999	4,870,188	752,271	15.4%	12,547,175	1,938,093	15.4%	4.50%	2.5763
	2000	4,674,831	916,902	19.6%	11,525,238	2,260,512	19.6%	4.50%	2.4654
	2001	4,523,182	1,232,861	27.3%	10,671,163	2,908,585	27.3%	4.50%	2.3592
	2002	4,391,322	1,521,628	34.7%	9,913,949	3,435,261	34.7%	4.50%	2.2576
	2003	4,239,391	1,708,154	40.3%	9,158,799	3,690,304	40.3%	4.50%	2.1604
	2004	4,069,504	2,133,858	52.4%	8,413,181	4,411,479	52.4%	4.50%	2.0674
	2005	4,408,787	2,728,800	61.9%	8,722,111	5,398,513	61.9%	4.50%	1.9783
	2006	4,532,360	2,737,830	60.4%	8,580,460	5,183,137	60.4%	4.50%	1.8932
	2007	4,325,276	2,569,947	59.4%	7,835,808	4,655,798	59.4%	4.50%	1.8116
	2008	4,350,070	2,632,002	60.5%	7,541,363	4,562,889	60.5%	4.50%	1.7336
	2009	4,570,687	3,214,823	70.3%	7,582,612	5,333,280	70.3%	4.50%	1.6590
	2010	4,632,307	3,383,414	73.0%	7,353,911	5,371,261	73.0%	4.50%	1.5875
	2011	4,602,731	3,243,667	70.5%	6,992,305	4,927,664	70.5%	4.50%	1.5192
	2012	4,590,918	4,260,495	92.8%	6,674,027	6,193,677	92.8%	4.50%	1.4537
Projected Future Experience	2013	4,523,000	5,187,599	114.7%	6,292,146	7,216,699	114.7%	4.50%	1.3911
	2014	4,661,855	5,853,317	125.6%	6,206,042	7,792,161	125.6%	4.50%	1.3312
	2015	4,437,776	6,088,908	137.2%	5,653,339	7,756,736	137.2%	4.50%	1.2739
	2016	4,572,063	7,278,947	159.2%	5,573,597	8,873,437	159.2%	4.50%	1.2191
	2017	4,357,546	7,375,573	169.3%	5,083,339	8,604,047	169.3%	4.50%	1.1666
	2018	4,297,750	7,857,696	182.8%	4,797,686	8,771,744	182.8%	4.50%	1.1163
	2019	4,075,182	8,203,571	201.3%	4,353,329	8,763,496	201.3%	4.50%	1.0683
	2020	3,929,784	7,929,637	201.8%	4,017,231	8,106,091	201.8%	4.50%	1.0223
	2021	3,917,990	8,601,121	219.5%	3,832,704	8,413,892	219.5%	4.50%	0.9782
	2022	4,157,955	9,171,638	220.6%	3,892,291	8,585,636	220.6%	4.50%	0.9361
	2023	4,419,462	10,559,591	238.9%	3,958,938	9,459,243	238.9%	4.50%	0.8958
	2024	4,406,884	11,473,091	260.3%	3,777,675	9,834,978	260.3%	4.50%	0.8572
	2025	3,964,038	11,977,131	302.1%	3,251,730	9,824,931	302.1%	4.50%	0.8203
	2026	3,520,876	12,160,360	345.4%	2,763,829	9,545,679	345.4%	4.50%	0.7850
	2027	3,104,457	12,316,776	396.7%	2,332,006	9,252,118	396.7%	4.50%	0.7512
	2028	2,716,819	12,411,922	456.9%	1,952,938	8,922,095	456.9%	4.50%	0.7188
	2029	2,359,545	12,441,162	527.3%	1,623,080	8,558,004	527.3%	4.50%	0.6879
	2030	2,033,649	12,392,270	609.4%	1,338,663	8,157,294	609.4%	4.50%	0.6583
	2031	1,738,789	12,260,708	705.1%	1,095,282	7,723,151	705.1%	4.50%	0.6299
	2032	1,474,401	12,038,559	816.5%	888,747	7,256,667	816.5%	4.50%	0.6028
	2033	1,240,382	11,720,415	944.9%	715,487	6,760,664	944.9%	4.50%	0.5768
	2034	1,035,530	11,306,873	1091.9%	571,601	6,241,265	1091.9%	4.50%	0.5520
	2035	857,775	10,801,158	1259.2%	453,093	5,705,374	1259.2%	4.50%	0.5282
	2036	704,871	10,212,135	1448.8%	356,293	5,161,953	1448.8%	4.50%	0.5055
	2037	574,512	9,550,598	1662.4%	277,895	4,619,679	1662.4%	4.50%	0.4837
	2038	464,389	8,832,535	1902.0%	214,955	4,088,371	1902.0%	4.50%	0.4629
	2039	372,230	8,080,148	2170.7%	164,877	3,579,052	2170.7%	4.50%	0.4429
	2040	295,836	7,315,522	2472.8%	125,396	3,100,828	2472.8%	4.50%	0.4239
	2041	233,122	6,557,948	2813.1%	94,558	2,660,014	2813.1%	4.50%	0.4056
	2042	182,134	5,824,496	3197.9%	70,695	2,260,779	3197.9%	4.50%	0.3882
	2043	141,076	5,131,311	3637.3%	52,401	1,905,951	3637.3%	4.50%	0.3714
	2044	108,329	4,486,163	4141.2%	38,505	1,594,565	4141.2%	4.50%	0.3554
	2045	82,460	3,897,122	4726.1%	28,047	1,325,546	4726.1%	4.50%	0.3401
	2046	62,214	3,365,395	5409.3%	20,250	1,095,395	5409.3%	4.50%	0.3255
	2047	46,520	2,890,602	6213.7%	14,490	900,340	6213.7%	4.50%	0.3115
	2048	34,467	2,470,018	7166.3%	10,273	736,211	7166.3%	4.50%	0.2981
	2049	25,300	2,099,964	8300.4%	7,216	598,960	8300.4%	4.50%	0.2852
	2050	18,394	1,776,430	9657.6%	5,020	484,861	9657.6%	4.50%	0.2729
	2051	13,243	1,494,834	11287.7%	3,459	390,433	11287.7%	4.50%	0.2612
	2052	9,439	1,251,460	13258.9%	2,359	312,791	13258.9%	4.50%	0.2499
	2053	6,657	1,042,629	15662.6%	1,592	249,374	15662.6%	4.50%	0.2392
	2054	4,643	864,654	18622.6%	1,063	197,900	18622.6%	4.50%	0.2289
	2055	3,200	713,876	22307.4%	701	156,355	22307.4%	4.50%	0.2190
	2056	2,177	586,842	26956.2%	456	122,997	26956.2%	4.50%	0.2096
	2057	1,459	480,344	32917.0%	293	96,340	32917.0%	4.50%	0.2006
	2058	962	391,446	40708.0%	185	75,130	40708.0%	4.50%	0.1919
	2059	621	317,542	51122.8%	114	58,321	51122.8%	4.50%	0.1837
Past Future Lifetime	Past	115,937,511	89,696,775	77.4%	218,276,983	128,621,655	58.9%		
	Future	44,336,807	261,266,791	589.3%	33,939,156	160,013,134	471.5%		
	Lifetime	160,274,318	350,963,566	219.0%	252,216,139	288,634,789	114.4%		

Attachment 7
RiverSource Life Insurance Company
Reserve Balances as of December 31, 2020

Incurred Year	Nationwide Policy Form 30225		Pennsylvania Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1	
	Claim Reserve ¹	Active Life Reserve ²	Claim Reserve ¹	Active Life Reserve ²
1992	0		0	
1993	0		0	
1994	0		0	
1995	74,424		0	
1996	0		0	
1997	0		0	
1998	0		0	
1999	0		0	
2000	0		0	
2001	180,625		0	
2002	178,074		0	
2003	132,267		0	
2004	204,111		0	
2005	85,752		0	
2006	622,146		0	
2007	552,930		0	
2008	441,716		0	
2009	674,082		145,545	
2010	1,126,798		0	
2011	3,371,948		106,508	
2012	3,094,161		0	
2013	6,457,284		1,171,434	
2014	9,741,510		703,448	
2015	12,717,012		752,413	
2016	16,426,343		2,007,309	
2017	28,807,614		2,673,417	
2018	47,435,433		2,693,528	
2019	79,381,305		4,350,747	
2020	99,979,429	1,740,004,005	6,892,204	109,350,480

¹ Claim reserve is the sum of disabled life reserve and incurred but not reported reserve (IBNR).
Disabled life reserve is discounted to the original loss date using 4.50%, and IBNR is allocated to calendar years 2017 through 2020 then discounted to the time it is assumed to incur at 4.50%.

² Active Life Reserve is defined as "midterminal" and includes an unearned premium reserve.

Attachment 8
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	85,664,097	1,662,035	1.9%
2	80,271,127	5,884,268	7.3%
3	75,812,102	10,295,147	13.6%
4	72,129,657	15,865,309	22.0%
5	69,164,581	21,496,508	31.1%
6	66,570,372	24,002,906	36.1%
7	64,136,612	26,251,871	40.9%
8	62,371,772	30,992,997	49.7%
9	62,481,140	35,876,751	57.4%
10	63,504,373	38,484,151	60.6%
11	64,583,613	43,030,145	66.6%
12	65,793,949	47,432,930	72.1%
13	67,522,756	48,903,799	72.4%
14	67,963,186	51,212,494	75.4%
15	68,576,545	58,668,599	85.6%
16	69,054,146	70,539,665	102.2%
17	69,291,163	73,008,191	105.4%
18	69,145,773	77,794,328	112.5%
19	68,776,208	83,196,498	121.0%
20	68,484,527	96,578,299	141.0%
21	64,771,891	108,540,095	167.6%
22	55,600,771	115,624,954	208.0%
23	51,691,086	118,454,723	229.2%
24	62,287,843	137,751,781	221.2%
25	69,134,923	157,469,804	227.8%
26	67,034,187	166,374,668	248.2%
27	64,504,188	166,841,643	258.7%
28	58,428,449	179,500,947	307.2%
29	49,908,341	181,338,989	363.3%
30	43,652,554	185,461,852	424.9%
31	38,822,466	188,697,088	486.1%
32	34,276,831	190,384,129	555.4%
33	30,042,087	190,426,386	633.9%
34	26,161,435	189,099,466	722.8%
35	22,592,235	185,877,092	822.7%
36	19,337,417	180,708,355	934.5%
37	16,427,510	173,728,200	1057.5%
38	13,848,838	165,067,977	1191.9%
39	11,583,335	154,861,393	1336.9%
40	9,609,272	143,261,185	1490.9%
41	7,903,968	129,991,501	1644.6%
42	6,444,208	116,154,350	1802.5%
43	5,206,424	102,305,409	1965.0%
44	4,167,151	88,810,296	2131.2%
45	3,303,391	76,126,327	2304.5%
46	2,592,971	64,575,243	2490.4%
47	2,014,878	54,219,189	2690.9%
48	1,549,550	45,054,684	2907.6%
49	1,179,092	37,024,532	3140.1%
50	887,426	30,054,789	3386.7%
51	660,380	24,056,528	3642.8%
52	485,680	18,974,646	3906.8%
53	352,863	14,725,026	4173.0%
54	253,140	11,233,588	4437.7%
55	179,231	8,451,685	4715.5%
56	125,189	6,272,611	5010.5%
57	86,223	4,590,143	5323.6%
58	58,528	3,309,944	5655.4%
59	39,126	2,349,962	6006.1%
60	25,732	1,640,545	6375.5%
Total	2,228,528,510	4,980,568,616	223.5%

Attachment 9
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
Before Premium Rate Increase
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	5,733,109	113,903	2.0%
2	5,456,922	152,926	2.8%
3	5,199,891	921,109	17.7%
4	4,968,014	902,807	18.2%
5	4,786,095	1,557,519	32.5%
6	4,635,696	1,104,728	23.8%
7	4,477,429	2,215,020	49.5%
8	4,367,991	1,938,042	44.4%
9	4,345,394	2,871,042	66.1%
10	4,387,754	3,260,380	74.3%
11	4,359,957	2,128,107	48.8%
12	4,394,032	3,820,025	86.9%
13	4,522,292	3,044,792	67.3%
14	4,570,110	2,924,663	64.0%
15	4,629,314	2,571,226	55.5%
16	4,630,932	4,741,315	102.4%
17	4,665,763	4,870,677	104.4%
18	4,692,505	6,950,431	148.1%
19	4,612,881	7,489,566	162.4%
20	4,580,280	4,847,320	105.8%
21	4,535,531	8,926,206	196.8%
22	4,415,315	8,594,182	194.6%
23	4,267,357	8,474,993	198.6%
24	4,108,328	9,473,030	230.6%
25	4,028,419	9,374,938	232.7%
26	3,933,067	10,394,431	264.3%
27	3,733,346	11,230,061	300.8%
28	3,490,703	12,001,204	343.8%
29	3,201,878	12,078,031	377.2%
30	2,860,124	12,288,564	429.7%
31	2,528,705	12,401,353	490.4%
32	2,218,148	12,425,115	560.2%
33	1,930,415	12,323,156	638.4%
34	1,668,257	12,128,422	727.0%
35	1,428,982	11,807,867	826.3%
36	1,212,621	11,363,619	937.1%
37	1,020,821	10,807,967	1058.8%
38	852,460	10,145,518	1190.1%
39	706,069	9,386,702	1329.4%
40	579,898	8,550,801	1474.5%
41	472,140	7,642,591	1618.7%
42	380,979	6,728,273	1766.0%
43	304,614	5,840,076	1917.2%
44	241,287	5,004,526	2074.1%
45	189,314	4,231,808	2235.3%
46	147,109	3,543,411	2408.7%
47	113,199	2,941,768	2598.8%
48	86,245	2,421,771	2808.0%
49	65,050	1,977,121	3039.4%
50	48,562	1,598,667	3292.0%
51	35,873	1,277,527	3561.2%
52	26,216	1,007,605	3843.5%
53	18,947	783,706	4136.3%
54	13,539	598,925	4423.5%
55	9,564	452,153	4727.7%
56	6,677	337,504	5054.9%
57	4,606	249,010	5406.3%
58	3,139	181,506	5782.0%
59	2,113	130,601	6181.5%
60	1,403	92,639	6602.9%
Total	148,907,381	319,642,949	214.7%

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

This policy is intended to be a Qualified Long-Term Care Insurance Contract under section 7702B(b) of the Internal Revenue Code of 1986.

Long-Term Care Insurance Nursing Home Indemnity Policy

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

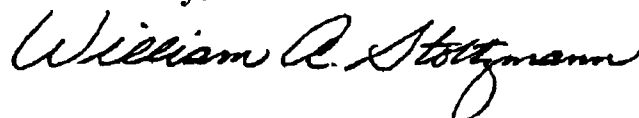
The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Table of Contents

<u>Subject</u>	<u>Page</u>
Policy Renewal and Premium Changes	1
30 Day Right to Examine Your Policy	1
Caution About Application Answers	1
Table of Contents	2
Schedule	3
Basic Contract Provisions	4
Glossary of Important Terms	5
Exclusions and Limitations	7
Confinement Benefits Provisions	8
Nursing Home Benefit	9
Alternate Facility Benefit	10
Waiver of Premium	11
Claims Information	12
Effective Date and Premium Payment Provisions	14
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) **Misstatements in Your Application:** During the first 6 months the Policy is in force, We may rescind (void) the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage.

While the Policy has been in force for at least 6 months but less than 2 years, We may rescind the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage; and pertinent to the conditions for which benefits are sought.

After the Policy has been in force for 2 years, it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health. If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event the Policy is rescinded.

(b) **Pre-Existing Conditions:** Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Policy Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Conformity with Internal Revenue Code: It is intended that the Policy be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986. If on its effective date, it does not comply with the requirements of that section, it will be treated as if it had been changed to comply with those requirements.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair, bed, or wheelchair.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and**
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and**
- Provides 3 meals a day and accommodates special dietary needs; and**
- Is licensed by the appropriate licensing agency (if any) to provide such care; and**
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and**
- Has appropriate methods and procedures for handling and administering drugs and biologicals.**

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Licensed Health Care Practitioner

Any of the following who is not a member of the Immediate Family:

- a physician (as defined in section 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is operating pursuant to law and is licensed by the appropriate licensing agency to provide, in addition to room and board accommodations, skilled nursing care and related services to inpatients under the supervision of a duly licensed physician; and

- provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and
- is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; and
- maintains a daily medical record of each patient.

NOTE: The above requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Qualified Long-Term Care Services

Qualified Long-Term Care Services are the necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which (a) are required by a chronically ill individual, and (b) are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;**
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or**
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.**

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof in the form of a certification and written plan of care prepared and signed by a Licensed Health Care Practitioner, that the stay is appropriate because of Your:
 - (a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
 - (b) - Requiring substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or
 - (c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

A written plan of care is a document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform the Activities of Daily Living or to perform basic cognitive functions appropriately.

In addition to the above, we must receive proof that, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that You meet the requirements of (a), (b), or (c) above.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and**
 - give the same Deductible (Elimination) Period credit;**
- that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.**

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and**
- A room and board or subsistence charge is made for the day; and**
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and**
- We are given proof in the form of a certification and written plan of care prepared and signed by a Licensed Health Care Practitioner, that the stay is appropriate because of Your:**
 - (a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or**
 - (b) - Requiring substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or**
 - (c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).**

A written plan of care is a document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform the Activities of Daily Living or to perform basic cognitive functions appropriately.

In addition to the above, we must receive proof that, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that You meet the requirements of (a), (b), or (c) above.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and**
- the Benefit Limit has not been reached; and**
- the Covered Period of Confinement continues.**

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and**
 - give the same Deductible (Elimination) Period credit;**
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.**

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and**
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.**

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment:

If Your policy lapses because premiums have not been paid by the end of the grace period and before Your benefits have been exhausted, We will provide a continuation of coverage. To be eligible for this continuation You must provide us with proof that beginning on or before the date of lapse and continuing without interruption, You:

- (a) Are unable to perform, without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- (b) Require substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or
- (c) Have a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

The proof, in the form of a certification by a Licensed Health Care Practitioner, must specify that the above requirements have been met and must be provided to Us:

- within 5 months of the lapse date, when You are eligible for continuation because You have been functionally impaired; and
- within 9 months of the lapse date, when You are eligible for continuation because You have been cognitively impaired.

You must pay all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will then provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER IMPORTANT DOCUMENTS.

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**



IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

144-DA.

Approved, Effective 1/19/93

Pennsylvania Insurance Department

By Deputy S. Rhodes

Long-Term Care Insurance Nursing Home Indemnity Policy

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:

Secretary:

James A. Mitchell

William A. Stutzmann

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Table of Contents

<u>Subject</u>	<u>Page</u>
Policy Renewal and Premium Changes	1
30 Day Right to Examine Your Policy	1
Caution About Application Answers	1
Table of Contents	2
Schedule	3
Basic Contract Provisions	4
Glossary of Important Terms	5
Exclusions and Limitations	8
Confinement Benefits Provisions	9
Nursing Home Benefit	10
Alternate Facility Benefit	11
Waiver of Premium	12
Claims Information	13
Effective Date and Premium Payment Provisions	15
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Schedule

Insured: (John Q. Doe) Policy Number: (9100-1234567)
First Premium: \$(XXX.XX) Renewal Premium: \$(XXX.XX)
Premium Mode: (Annual) Policy Date: (October 15, 1992)
Effective Date: (October 15, 1992)

CONFINEMENT BENEFITS

Nursing Home Benefit (with Bed Reservation Feature)
Alternate Facility Benefit (with Bed Reservation Feature)

COVERAGE LIMITS FOR CONFINEMENT BENEFITS

Daily Benefit - Nursing Home: \$(200.00)
Daily Benefit - Alternate Long-Term Care Facility: \$(120.00)
Deductible (Elimination Period): (20 Days)
Benefit Limit: (Lifetime/Unlimited)
Policy Premium (For Your Premium Mode): \$(xxx.xx)

Waiver Of Premium During Covered Confinements: Included

HOME AND COMMUNITY CARE BENEFITS

Home Care and Adult Day Care Benefits
Respite Care and Equipment Purchases (Additional Community Care Benefits)

COVERAGE LIMITS FOR HOME AND COMMUNITY CARE BENEFITS

Rider Issue Date: (October 15, 1992)
Rider Effective Date: (October 15, 1992)
Covered Care Daily Maximum: \$(100.00)
Covered Care Deductible (Elimination Period):
Home Care and Adult Day Care: (20 Days)
Respite Care and Equipment Purchases: None
Covered Care Maximum Payment Period: (730 Days)
Rider Premium (For Your Premium Mode): \$(xxx.xx)

BENEFIT INCREASES OPTION RIDER

Do You Have This Option? (Yes)
NOTE: A higher premium is paid when the policy includes this option. (Compound Increases)

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) **Misstatements in Your Application:** After this Policy has been in force for 2 years, only fraudulent misstatements in Your application may be used to: void this Policy; or deny any claim for loss incurred or disability that starts after the 2 year period.

(b) **Pre-Existing Conditions:** Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Effective Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair or bed.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and
- Provides 3 meals a day and accommodates special dietary needs; and
- Is licensed by the appropriate licensing agency (if any) to provide such care; and
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity which requires continual supervision to protect Yourself or others as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

NOTE: Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Continual One-to-one Assistance

You are considered to need Continual One-to-one Assistance in performing an Activity of Daily Living when:

- Someone must give You direct physical assistance, somewhere in the process of performing that activity; every time You do the activity; and
- You alone cannot perform the entire activity with the supports and mechanical aides that are normally available to You.

An example for Dressing is the need for physical help from someone in putting on and buttoning a garment because of paralysis or other physical inability.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Injury

Any accidental bodily injury You have sustained.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is licensed by the appropriate licensing agency to engage primarily in providing nursing care and related services to inpatients and:

- Provides 24 hour a day nursing service under a planned program of policies and procedures which was developed with the advice of, and is periodically reviewed and executed by, a professional group of at least one Doctor and one Nurse; and
- Has a Doctor available to furnish medical care in case of emergency; and
- Has at least one Nurse who is employed there full time (or at least 24 hours per week if the facility has less than 10 beds); and
- Has a Nurse on duty or on call at all times; and
- Maintains clinical records for all patients; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

NOTE: The above requirements are typically met by licensed skilled nursing facilities, comprehensive nursing care facilities and intermediate nursing care facilities as well as some specialized wards, wings and units of hospitals. Those requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Sickness

Your illness or disease as determined by a Doctor.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You have an Injury or Sickness; or
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for continual supervision because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and
- give the same Deductible (Elimination) Period credit;

that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and
- A room and board or subsistence charge is made for the day; and
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
- We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for continual supervision because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition; but any decision will be made by Us based on consistently applied, reasonable standards that are administered in a manner consistent with Our established claims administration procedures.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive Impairment

Continuation Provisions: If Your Policy terminates for any reason before Your benefits have been exhausted, We will provide a continuation of coverage; provided We receive the following within 9 months after the termination date:

- proof, in the form of a Doctor's certification, that You have Cognitive Impairment (including but not limited to Alzheimer's disease); and
- payment of all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

**PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER
IMPORTANT DOCUMENTS.**

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

RECEIVED

DEC 13 2007

MILLIMAN
MINNEAPOLIS

**Long-Term Care Insurance
Nursing Home Indemnity Policy**

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

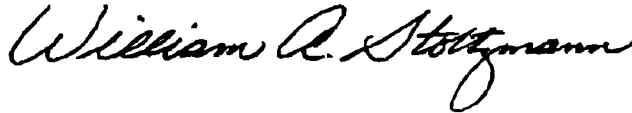
The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Table of Contents

<u>Subject</u>	<u>Page</u>
Policy Renewal and Premium Changes	1
30 Day Right to Examine Your Policy	1
Caution About Application Answers	1
Table of Contents	2
Schedule	3
Basic Contract Provisions	4
Glossary of Important Terms	5
Exclusions and Limitations	8
Confinement Benefits Provisions	9
Nursing Home Benefit	10
Alternate Facility Benefit	11
Waiver of Premium	12
Claims Information	13
Effective Date and Premium Payment Provisions	15
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) Misstatements in Your Application: After this Policy has been in force for 6 months, We may void the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to Our acceptance of You for coverage.

While this Policy has been in force for at least 6 months but less than two (2) years, We may void the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is both:

- material to Our acceptance of You for coverage; and
- pertinent to the conditions for which benefits are sought.

After this Policy has been in force for two (2) years it will not be contestable upon the grounds of misrepresentation alone and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event the Policy is rescinded.

(b) Pre-Existing Conditions: Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Effective Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair or bed.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and**
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and**
- Provides 3 meals a day and accommodates special dietary needs; and**
- Is licensed by the appropriate licensing agency (if any) to provide such care; and**
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and**
- Has appropriate methods and procedures for handling and administering drugs and biologicals.**

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity which requires supervision or hands-on services to protect Yourself or others as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- **Your short or long term memory;**
- **Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and**
- **Your deductive or abstract reasoning.**

NOTE: Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Continual One-to-one Assistance

You are considered to need Continual One-to-one Assistance in performing an Activity of Daily Living when:

- **Someone must give You supervision or hands-on services, somewhere in the process of performing that activity; every time You do the activity; and**
- **You alone cannot perform the activity with the supports and mechanical aides that are normally available to You.**

An example for Dressing is the need for physical help from someone in putting on and buttoning a garment because of paralysis or other physical inability.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Injury

Any accidental bodily injury You have sustained.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is operating pursuant to law and is licensed by the appropriate licensing agency to provide, in addition to room and board accommodations, skilled nursing care and related services to inpatients under the supervision of a duly licensed physician; and

- provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and
- is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; and
- maintains a daily medical record of each patient.

NOTE: The above requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Sickness

Your illness or disease as determined by a Doctor.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;**
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or**
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.**

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You have an Injury or Sickness; or
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for supervision or hands-on services because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and
- A room and board or subsistence charge is made for the day; and
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
- We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for supervision or hands-on services because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and**
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.**

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive Impairment and Functional Capacity

Continuation Provisions: If Your Policy terminates for any reason before Your benefits have been exhausted, We will provide a continuation of coverage; provided We receive the following within 9 months after the termination date:

- proof, in the form of a Doctor's certification, that You have Cognitive Impairment (including but not limited to Alzheimer's disease) or the loss of functional capacity; and
- payment of all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER IMPORTANT DOCUMENTS.

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

Life Insurance Company
Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

This rider provides for lifetime increases in Daily Benefits.

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Simple Increases Option

Your Daily Benefit amounts for Nursing Home and Alternate Long-Term Care Facility stays will increase on each anniversary of the Policy Date. Each increase will be equal to 5% of Your original amounts. Annual increases will continue as long as the Policy and this Rider remain in force. Increased amounts will apply to each day benefits are payable under the Policy on or after the date of the increase; even if You are then receiving benefits.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company



Secretary

Jeff. 2/8/95

IDS Life Insurance Company
18 Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

This rider provides for lifetime increases in Daily Benefits.

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Compound Increases Option

Your Daily Benefit amounts for Nursing Home and Alternate Long-Term Care Facility stays will increase on each anniversary of the Policy Date. Each increase will be equal to 5% of Your previous amounts. Annual increases will continue as long as the Policy and this Rider remain in force. Increased amounts will apply to each day benefits are payable under the Policy on or after the date of the increase; even if You are then receiving benefits.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company



Secretary

RiverSource Life Insurance Company

70100 Ameriprise Financial Center

Minneapolis, MN 55474

1.800.862.7919

Benefit Increases Option Endorsement

Policy: 9100-1234567

Insured: John Doe

This endorsement is made part of the policy to which it is attached. It changes certain terms of the policy and riders. This endorsement is effective on the policy anniversary date after We receive Your request and signed acceptance. The policy anniversary date is the same day and month as the Policy Date each year that the policy remains in force.

The following provision is hereby added to your policy:

Compound Increases Option Change

If your policy or rider contain a **Compound Increases Option** provision, all increases regarding Your Daily Benefit amount for Nursing Home and Alternate Long-Term Care Facility will be changed to use 2%. All increases regarding Your Daily Benefit amount for Home and Community Care, if included in Your policy, will continue to use 5%.

RiverSource Life Insurance Company



Secretary

RiverSource Life Insurance Company

70100 Ameriprise Financial Center

Minneapolis, MN 55474

1.800.862.7919

Benefit Increases Option Endorsement

Policy: 9100-1234567

Insured: John Doe

This endorsement is made part of the policy to which it is attached. It changes certain terms of the policy and riders. This endorsement is effective on the policy anniversary date after We receive Your request and signed acceptance. The policy anniversary date is the same day and month as the Policy Date each year that the policy remains in force.

The **Benefit Increases Option Rider** section of the **Schedule** page of Your policy is hereby deleted in its entirety and replaced with the following:

Applies to Confinement Benefits:

Do you have this Option?

No

Applies to Home and Community Care Benefits:

Do you have this Option?

Yes

Simple Increases

RiverSource Life Insurance Company



Secretary